# A STUDY TO ASSESS THE EFFECTIVENESS OF SELECTED PLAY ACTIVITIES IN REDUCING ANXIETY AMONG HOSPITALIZED PRESCHOOL CHILDEREN IN SELECTED HOSPITALS AT ERODE DISTRICT.


**By**

**301317851**


**Dissertation submitted to**

**The Tamil Nadu Dr. M.G.R. Medical University, Chennai,**

**In partial fulfillment of the requirements for the degree of**

**Master of Science**

**In**

**Paediatric Nursing**


**ANBU COLLEGE OF NURSING,**

**M G R NAGAR, KOMARAPALAYAM,**

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**Mrs. S. INDIRA., M. Sc (N),**

**Reader**

**Department of Paediatric Nursing**

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Approved by ANBU college dissertation committee

Research guide: ----------

Mrs.S.Indira M.Sc (N),

Reader,

Department of paediatric nursing,

Anbu College of nursing,

Komarapalayam.

Principal ----------

Prof. Mrs. M.Latha M.Sc (N). M.B.A., (P.hd).

Professor in Medical Surgical Nursing,

Anbu College of nursing,

Komarapalayam.

A Dissertation submitted to

The Tamilnadu Dr.M.G.R. Medical University Chennai,

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Degree of Master of Science in Nursing

**VIVA VOCE:**

1. INTERNAL EXAMINER: ----------

2. EXTERNAL EXAMINER: ----------

**OCTOBER 2015**

# ENDORSEMENT BY THE HEAD OF THE INSTITUTION

This is to certify that the dissertation entitled **"A Study to Assess the Effectiveness of Selected Play Activities in Reducing Anxiety among Hospitalized Preschool Children at Erode District"** is a bonafide research done by Rrg.No**.301317851** under the guidance of Mrs. **S. INDIRA**, M. Sc(N)., Reader in Department of Child Health Nursing.

**Principal**

# ACKNOWLEDGEMENT

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**"**Leave your life to God, who prompts act and made it possible dedicate the act, the will and the wish all to God almighty".

First of all I would like to praise and glory to the God almighty, which is the source, strength and inspiration to every walk of my life.

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I convey my special thanks to **all office staff, my friends and classmates** for their co-operation and help they rendered during this study.

I express my grateful thanks to **My Husband, My daughter Oliviya and My mother** for their constant support, prayer and ever memorable help throughout my life period.

# ABSTRACT

# ABSTRACT

**STATEMENT OF THE PROBLEM:**

A study to assess the effectiveness of selected play activities in reducing anxiety among hospitalized preschool children in selected hospitals at Erode District.

**OBJECTIVES OF THE STUDY**

1. To assess the pre-test level of anxiety among hospitalized preschool children.
2. To determine the effectiveness of selected play activities in reducing anxiety among hospitalized preschool children.
3. To find out the association between the levels of anxiety among hospitalized preschool children with their selected demographic variables.

**METHOD OF STUDY:**

Conceptual frame work for the study was based on the Kenny's open system Model (1986)

Research design used for this study was quasi experimental one group pre and post design. The study was conducted in selected Erode hospitals at erode district. The population for this study was hospitalized preschool children. Convenience sampling technique was used to select the sample.

Data collection tool consisted of eleven point anxiety scale, demographic variables to evaluate the effectiveness of selected play activities in reducing anxiety among hospitalized preschool children.

The content validity of the tool was done by experts in different fields. Reliability was obtained by Karl Pearson's method. The score was r =0.97, which was reliable. Pilot study was conducted in C.K Hospital at Erode to find out the feasibility of conducting the study.

The collected data were tabulated analysed and interpreted by using descriptive and inferential statistical methods.

**FINDINGS:**

Major findings of the study were regarding effectiveness of selected play activities, the obtained value was significant at 0.05 levels. Hence the null hypothesis was rejected.

There was no significant association with their demographic variables like age, sex, year of studying, education of the parents, occupation of the parents, monthly income, type of family, religion, residential area, previous hospitalization, birth order, date of admission, treatment given. So the stated null hypothesis was accepted. So the selected play activities in reducing anxiety among hospitalized preschool children.

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# LIST OF ABBREVIATIONS

| SHORTS FORMS | ABBREVIATIONS USED |
|---|---|
| MDD | Major depressive disorder |
| DD | Dysthymic disorder |
| ADDM | Adjustment disorder with depressed Mood |
| CAT | Children Anxiety Test |
| VSMS | Vineland social Maturity scale |
| MANOVA | Multivariate Analysis of variance |
| CPRS | Conner's parent Rating scale |
| Fig | Figure |
| H1 | Research Hypothesis |
| M.Sc | Master of Science in Nursing |
| No | Number |
| P | Probability |
| % | Percentage |
| $X^2$ | Chi – square |
| SD | Standard deviation |
| Et.al | All others |
| < | Less than |
| > | More than |
| & | And |
| NS | Not significant |

# CHAPTER – I

# INTRODUCTION

# CHAPTER-I

# INTRODUCTION:

**Creativity is the key to success in the future, and primary education is where teachers can bring creativity in children at the level.**

**- A.P.J.AbdulKalam.**

## BACK GROUND OF THE STUDY

Hospitalization is stressful for children of all ages, Preparation for hospitalization is important to prevent psycho-logic or emotional trauma of hospitalization. They need to know that their parents will be there when they need them most and that they are loved and missed.

Play is a child way of living or daily “work”. It can satisfy needs in the child for physical,emotional,social, mental development. Toys are the tools of play and provide more natural environment for a child.

Play is essential task for the sick child as for a healthy one. The sick child needs play to fill lonely hours, and by expressing feelings and aggression through it, to reduce the trauma caused by hospitalization. Play is an integral part of hospitalized child’s plan of care. Play offers the child with opportunity for creative, expression and diversion. Through play,the children learn about shapes,colours,cause and effect about things around themselves. It is a way of communicating fear,sorrow and anxiety.

Parents can help children with their baths, encourage them to drink enough fluid and prompt them to do deep breathing and muscle strengthening exercise. Play takes different forms for different children, and its definition entails many aspects because play is the language of children, especiallywho have difficulty in expressing their thoughts in words,can often speak clearly through play therapy.

**NEED FOR THE STUDY**

Hospitalization is the disruption of the lifestyle of children and their families. The change from home to hospital environment creates stress. The difference between hospital and home disturbs the child and adds to stress, for example, environment mealtime, toileting,feeding, bath time, and recreation.

It is estimated 35% of children in America are experiencing stress-related health problems. Each year, millions of children are hospitalized. In 2002, 3.7 million children and youth between 1-6 years of age were discharged from a hospitalin UnitedStates and the population of children discharged in this group who underwent surgical procedures was 45%. The total child population in India is 39,1,90,400 and it is estimated that about 15-20% of children are hospitalized each year.

A cross-sectional study was conducted to explore the effects of hospitalization on critically ill School age Children. A convenience sample was recruited of 21 developmentally appropriate children who were aged 1-3 years. Children were asked open-ended questions related to their hospital experience and drawings were used to assess the stress. Most children has high level of stress (ranged: 73-87%) based on the analysis of their drawings and open-ended questions. The study concluded that hospitalization leads to development of more stress in School age Children.

Alison. (1995)conducted a study on “the effectiveness of play therapy in post-operative pain in children following major surgeries”. The investigator used an experimental design and the study was conducted for a period of 8 weeks in surgical ward of CMC Vellore. A purposive sampling was used to select 40 post-operative children with 20 children each in experimental and control group. Play therapy was given to children within 12 to 48 hours after surgery by using combined play interventions for a period of 1 hour and pain assessment was done before and

after play therapy by using Ouches scale, color, rating scale and observation scale. The result showed that the play therapy had a significant effect in reducing the post -operative pain in children at P= < 0.05 level.

An experimental study was conducted in HongKongto examine the effect of therapeutic play on the outcome of anxiety of Preschool- children undergoing day surgery. Two hundred and three children were randomly assigned to participate in the study. The experimental group (97 children) received the therapeutic play and the control group (106 children) received routine information preparation. The tool consisted of Chinese version of the state anxiety scale, the children's emotional manifestations scale and visual analogue scale was used to elicit the outcome. The result of mixed between-within subjects ANOVA indicated that there was a statistically significant main effect for time Partial ETA squared =0.19), Suggesting a change in the state anxiety scores of children in both groups across the three different time periods. There was statistically significant main effect for intervention, partial ETA squared, suggesting that children in the experimental group experienced statistically significant lower anxiety scores than children in the control group

IOSR Journal of Nursing and Health Science (IOSR-JNHS) e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 3, Issue 2 Ver. IV (Mar-Apr. 2014), PP 59-62 www.iosrjournals.org www.iosrjournals.org 59 | Page A study to assess the effectiveness of play activities in reducing the level of anxiety among hospitalized children. TitiXavier1,Sagayamary2 Associate professor, Rajasthan College of Nursing, Skier 1 Professor, Gotham College of Nursing, Bangalore2 Abstract: A quasi-experimental study was conducted for assessing the effectiveness of play activities in reducing the level of anxiety among hospitalized children. The convenient sampling technique was used to select the sample for the study. Data was collected by using hospital observed behaviour check list. The tool consists of two parts. First part consists of demographic data of the sample and second part consists of the hospital observed behaviour check list. Results: The data was analysed by using descriptive and inferential statistics. The experimental

group pre – test, minimum score was 50 and maximum 58, and mean and SD was 53.4, 1.73 respectively. In experimental post-test, minimum score was 242 and maximum was 248 and mean, and SD was 246.23, 1.38 respectively. ANALYSIS OF OBSERVATIONAL SCORE ON EFFECTIVENESS OF PLAY ACTIVITIES Table 1 Analysis of observational scores in experimental group Minimum Maximum Mean SD 't' value 'p' value Pre-test 50 58 53.4 1.73 491.04 P

A recent report study based on "The Significance of a Play Program in the Care of Children in a General Hospital" states that It is the fundamental responsibility of the Nurse not only to provide a high quality of medical care but also to serve the needs of each child who is accepted for care, by providing services which are adapted to the characteristics of children - emotional, physical, and otherwise." This report further states that "Every paediatric unit should have recreational space for children to enjoy group play-.".Out Of 104 cases in India, 41% had anxiety disorders in conjunction with their index depression, which was more likely with major depressive disorder (MDD),and dysthymic disorder (DD), than with adjustment disorder with depressed mood (ADDM). The age-corrected risk of a first anxiety disorder was 0.47 up to age 18 years.Separation-anxiety disorder was the most frequent diagnosis of anxiety, followed by overanxious disorder of childhood. Among the MDD cases with comorbidity, the anxiety disorder preceded the depression about two thirds of the time and often persisted after the depression remitted.

The investigator from the reviews of studies and literature and after going through available statistics related to effect of play therapy on level of anxiety among Hospitalizedchildren, was motivated to conduct the study.

**STATEMENT OF THE PROBLEM**

A study to assess the effectiveness of selected play activities in reducinganxiety among hospitalized preschool children in selected hospitalsat Erode District.

## OBJECTIVES OF THE STUDY

1. To assess the pre-test level of anxiety among hospitalized preschool children.
2. To determine the effectiveness of selected play activities in reducing anxiety among hospitalized preschool children.
3. To find out the association between the levels of anxiety among hospitalized preschool children with their selected demographic variables.

## HYPOTHESIS

**H1**: There will be significant difference between the pre-test and post- test level of anxiety among hospitalized preschool children after play activities.

**H2**: There will be significant association between the pre-test anxiety levels with their selected demographic variables.

## OPERATIONAL DEFINITIONS

**Assess**- Statistical measurement of correct response to known items stated in tool regarding to reduce the anxiety.

**Effectiveness**- Effectiveness is defined in terms of reduction in anxiety after the intervention in play activities.

**Play activities**-Play activities are the process for treatment where the concept of play is used to diversion. It includes the opportunity provided for children to manipulate,creates, draws, interact and involve themselves in selected activities. The following types of play were includes in play activities (eg: Toys, ball, paintings, drawing materials, building blocks, clay).

**Anxiety**-; Anxiety is a feeling of uneasiness caused by fear. It can make children feel tense, nervous, or afraid.

**Hospitalization**-: Admission into an institution providing medical and surgical treatment and nursing care for sick or injured people.

**Children**-Refers to children in the age group of 3-6 yrs.

**ASSUMPTIONS OF THE STUDY:**

- Hospitalized preschool children may have some level of anxiety.
- Play therapy may have some effect in the anxiety among hospitalized children.

**DELIMITATION**

1. Hospitalized preschool children and their mothers who are willing to participate in the study.
2. Children who are admitted in general paediatric unit and who are available at the time of data collection.
3. Observation of the children by the investigator is limited only to day time.

## CONCEPTUAL FRAME WORK

**Kenny's open system Model**

A conceptual frame work deals with a concept assemble together by virtue of their relevance to the research problem which provides a certain frame work of reference for clinical practice,research and education.Conceptualization isthe process of framing ideas design

**Treece. S, 1986**

The study is based on Kenny's open system model all their living system are open in that there is a continuous of exchange of matter,energy and information.Open system has changing degree of interaction with the environment from which the system receives input and gives back output in the form of matter,energy,and information. For survival all system of nursing receives varying type and amount matter,energy and information.

The main concept of open system model is input,through put and output and feedback. In open system theory input refers to matter,energy,and information that are proceeding.After processing the input the system returns to output(Matter,Energy and information to the environment in an altered state).Feedback refers to environment response to the system output

used by the system in adjustment, correction and accommodation to the interaction with the environment.

The study is undertaken to determine the effectiveness of play activities in reducing anxiety among hospitalized preschoolchildren.

Pre-test will beconducted to assess the anxiety level among the hospitalized children.

Input- Provide play activities in reducing anxiety level.

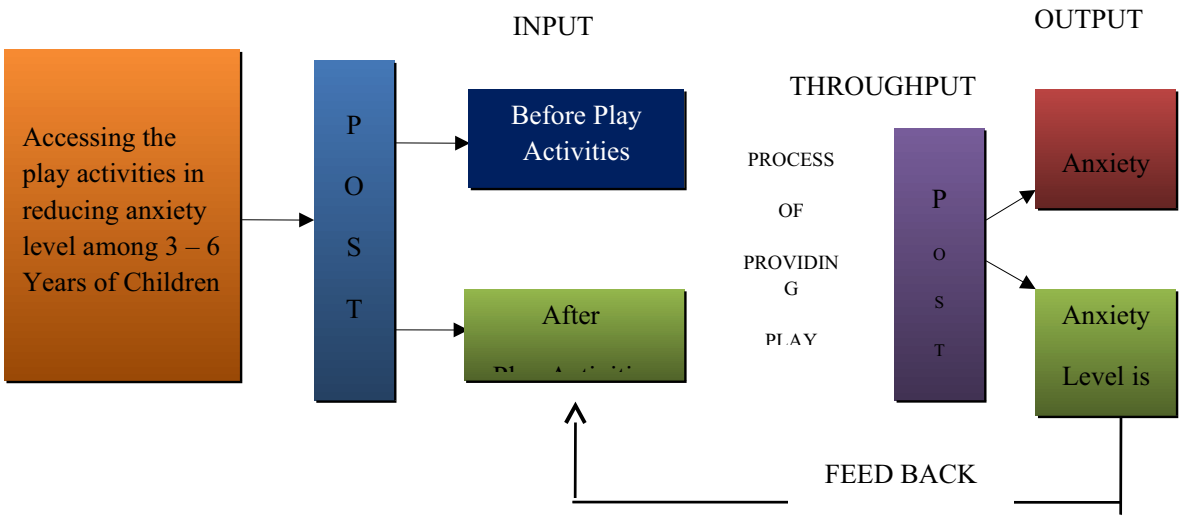
Throughput- Is the process of play activities in reducing anxiety among hospitalized children.

Post-test Again assessing the anxiety level.

Output- Refers to effect of play activities in reducing anxiety level by post-test.

This model of Kenny’s open system is best suited to this study.

**FIG 1.1: CONCEPTUAL FRAME WORK FOR TO ASSESS THE EFFECTIVENESS OF SELECTED PLAY ACTIVITES IN REDUCING ANXIETY AMONG HOSPITALIZED PRESCHOOL CHILDREN**



# CHAPTER – II

OUTPUT

Anxiety level is

Anxiety Level is Not

# REVIEW OF LITERATURE

# CHAPTER II

# REVIEW OF LITERATUR

Review of literature is a systematic identification, location, scrutiny and summary of written materials that contain information on research problems.

Literature review is based on an extensive survey of books, journals and international nursing indices. It provides basis for future investigation, justifies the need for the study, reveals constrains of data collection and establish a comprehensive study of scientific knowledge in a professional discipline, and from which valid and theories may be developed.

"The review of literature is defined as a broad, comprehensive in-depth. Systematic and critical review of scholarly publications, unpublished scholarly print materials, audiovisual material and personal communication".

Review of literature is the systematic and critical reviews of the most important published scholarly literature on a particular topic. This helps the investigator to find what is already known, and what problems remain to be solved. Since effective research is based upon past knowledge this exercise provides useful hypothesis and helpful suggestion for significant investigations

The related studies are presented under the following sub headings.

1. Studies related to anxiety, in preschool children.
2. Studies related to play activities in reducing anxiety among preschool children.
3. Studies related play to activities and its therapeutic value in reducing anxiety among hospitalized children.

1. **Studies Related To Anxiety,in preschool children**

**Timothy lawyer Do And Kelly Blankenship (1984**) a study was conducted on "Anxiety and depression in children and adults: influence of serotonergic and neurotrophic genes?" by Middel dorp CM and Slof-Op 't' Land t MC at the Department of Biological Psychology, VU University Amsterdam. This study investigated the effect of 45 single nucleotide polymorphisms (SNPs) in genes encoding serotonin receptors 1A, 1D, 2A, catechol-O-methyltransferase (COMT), tryptophane hydroxylase type 2 (TPH2), brain derived neurotrophic factor (BDNF), PlexinA2 and regulators of G-protein-coupled signalling (RGS) 2, 4, 16. Anxious depression (A/D) symptoms were assessed five times in 11 years in over 11 000 adults with 1504 subjects genotyped and at age 7, 10, 12 and during adolescence in over 20 000 twins with 1078 subjects genotyped. In both cohorts, a longitudinal model with one latent factor loading on all A/D measures over time was analysed. The genetic association effect modelled at the level of this latent factor was 60% and 70% heritable in the children and adults, respectively, and explained around 50% of the total phenotypic variance. Power analyses showed that the samples contained 80% power to detect an effect explaining between 1.4% and 3.6% of the variance. However, no SNP showed a consistent effect on A/D. To conclude, this longitudinal study in children and adults found no association of SNPs in the serotonergic system or core regulators of neurogenesis with A/D. Overall, there has been no convincing evidence, so far, for a role of genetic variation in these pathways in the development of anxiety and depression

**JoneS.M,FiserH.D,Living Stone R.L(1992)** conducted a study to assess the stress response after paediatrics bone marrow transplantation. Sample size was 60, and sampling technique was non-probability sampling technique data were collected during the pre-transplant stage and at 3,6,12 months of post-transplant stage using scale. At the initial assessment children were found to demonstrate fewer symptoms. The symptoms observed in the majority of the subject, were the presence of intrusive thoughts demonstrate fewer symptoms. The symptoms observed in the majority of the subject were the presence of intrusive thoughts demonstrated

through preservative play with medical equipment and doll play containing prominent thrones of death, and abandonment set in the hospital rooms. Denial and avoidance of remainders were common and intense. Irritability and sleep disturbance were common as compared to regressive behaviours, exaggerated startle response hyper vigilance or attention problems. Scores were not significantly different at 3 months after BMT (range 60-90, mean = 78), all scores were 80-100 by months after transplant and remained at the level or improved by 12months.It is indicated that intensive and for intrusive procedure like transplants are known to cause short term psychological morbidity with acute stress related behavioural and emotional responses in children and their parents. The results document the need for children to be restored to a normal life as to quickly as possible, setting the BMT experience behind them.

**StauberM.L.Nader K.D.S.W, et, al (1991)** Conducted study on children and illness: psychological aspect of children. Identified the psychological aspect of hospitalization in children. Hesitated that hospitalization affects body image and perception as well as the social and family relationship of children. The resulting psychological disturbances may influences the course of diseases and the efficiency of the care conducted a study on anxiety reaction in children during removal of their plaster cast with a saw in Schneider children's medical centre, at Petah Tiqua, Israel. We have had experience of an 18 months old boy with a cardio my path who died a few minutes after removal of his cast with a saw, apparently from malignant cardiac arrhythmia triggered by anxiety. We therefore examined the anxiety to this method of removal of a plaster cast in 20 healthy children; ten were provided with hearing protectors and ten were not. The level of anxiety was assessed by measuring the heart rate. A known physiological indicators of anxiety, before, during and five minutes after removal of the cast. The noise level was also measured. The results showed a mean increase in heart rate during the procedure of 27.9 beats per minute (bum) (26.9%) in the children with no hearing.

**Zinger Debble Michelie (1994)** A study was conducted on the major anxiety for children are separation anxiety, loss of control, bodily injury and pain and uncertainty about limits. The sample size is 40 and the sampling technique is probability sampling technique. Separation from their parents has been long recognized as the greatest source of anxiety for children less than 7 years of age.

**Laura A Talbot(1995)**conducted study to find out the emotional reactions of hospitalized children identified that anxiety fear, anger more prominent emotional reactionsamong hospitalized preschool among school aged children conducted a study on behavioural changes in paediatric intensive care units. The trauma of hospitalization for children is similar in many aspects to the trauma of a natural disaster such a flood. compared the frequency and severity of behavioural manifestations of anxiety in paediatric patients hospitalized in intensive care unit us ward setting using a prospective patient's series at Arkansan children's hospital. A sample of 43 subjects aged 3 –6 years was consecutively selected for the study. The hospital observed scale (HOBS) developed for this study was used to describe objectively the subject's manifestations of anxiety depression, delirium and with drawl subjects in the intensive care unit exhibited apprehension and withdrawal. Subjects in the intensive care unit exhibited apprehension. Anxiety, detachment, sadness and weeping more often than did patients in the ward [$P<0.05$].Behaviour was significantly influenced by severity of number of previous hospitalization [$r = 0.44$],[$P< 0.01$], and presence of a pre existing anxiety and mood disorders [$P< 0.05$].The data indicated that critically ill children in the intensive care unit, children with prolonged or repeated hospitalization and children with pre existing anxiety and mood disorders are at greater risk than other hospitalized paediatric patients for psychological trauma and for behavioural problems that many warrant psychiatric intervention.

**De Menezes Abreu DM and Leal SC (1997**) a study was conducted on, "The Psychosocial Impact of Play on Hospitalized Children" reveals that compared the effects of play on the psychosocial adjustment of 46 children hospitalized for acute illness, who were placed in one of four groups: therapeutic play, diversionary play, verbal support, and no treatment. Ratings of psychological adjustment included self-report, as well as nurse and parent ratings. Children in the therapeutic play condition evidenced a significant reduction in self-reported hospital fears. Parent ratings were not affected by therapeutic treatments; rather, parents in all four groups rated their children less anxious from pre- to post testing

**Katz K Fogelman R,AttlasJ,BaronE,Soudry M (2001)**A study was conducted on anxiety reaction in children during removal of their plaster cast with a saw in Schneider children's medical centre, at Petah Tiqua, Israel. They have experience of 18 months old boy with a cardiomyopathy that died a few minutes after removal of his cast with a saw, apparently from a malignant cardiac arrhythmia triggered by anxiety. They have examined the anxiety to this method of removal of a plaster cast in 20 healthy children; ten were provided with hearing protectors and ten were not. The level of anxiety was assessed by measuring the heart rate. A known physiological indicators of anxiety, before, during and five minutes after removal of the cast. The noise level was also measured. The results showed a mean increase in heart rate during the procedure of 27.9 beats per minute (bpm) (26.9%) in the children with no hearing protector and 10.4 bpm (11.1%) in children who used hearing protectors ($p<0.001$). Five minutes after the procedure the heart rate had returned to the baseline in all patients.

**Nancy Burns, Susan K Grove(2002)** conducted a study toassess the stress response after paediatric bone marrow transplantation. Data were collected during the pre-transplant stage and at 3, 6, 12 months post-transplant stage using scale. At the initial assessment children were found to demonstrate fewer symptoms. The symptoms observed in the majority of the

subject, were the presence of intrusive thoughts demonstrate fewer symptoms. The symptoms observed in the majority of the subjects were the presence of intrusive thoughts demonstrated through preservative play with medical equipment and doll play containing prominent themes of death, mutilation and abandonment set in hospital rooms. Denial and avoidance of reminders were common and intense. Irritability and sleep disturbances were common as compared to regressive behaviours, exaggerated startle response hyper vigilance orattention problems. Scores were not significantly different at 3 months (range 60 – 90, Mean = 78). All scores were 80 – 100 by months aftertransplant and remained at the level or improved by 12 months.It is indicated that intensive and for intrusive procedure like transplant areknown to cause short term psychological morbidity with acute stress relatedbehavioural and emotional responses in children and their parent. The resultdocuments the need for children to be restored to a normal life as quickly aspossible, setting the BMT experience behind them.

**Denise F Polite, Cheryl TatanoBeck(2003)** a Conducted study on "Child Drawing Hospital: An Instrument Designed to Measure the Emotional Status of Hospitalization School Aged Children". The degree of anxiety experienced by any hospitalized child is unknown. The physiological status (temperature, pulse, respiration, blood pressure etc) can be measured on hospital admission and at routine intervals. Behavioural indicator of anxiety such as crying or aggression may be recorded. But children may or may not have the ability or the vocabulary to express their feelings fears, worries and concerns verbally.

**Basavanthappa B.T (2003)**Conducted study on "Child Drawing Hospital: An Instrument Designed to Measure the Emotional Status of Hospitalization School Aged Children". Stated that anxiety fear and anger frustration were more prominent emotional reaction among hospitalized scholars than among school aged children. Stated that school age

children experience decreased anxiety with longer hospital stay. Whereas preschoolers do not show and any changes in the anxiety status.

**Oxford Journals(2006**) a study was conducted on "Bidirectional Associations between Co-parenting Relations and Family Member Anxiety: A Review and Conceptual Model" at the Research Institute Child Development and Education, University of Amsterdam. This review discusses the potential mechanisms and empirical findings regarding the bidirectional relations of parent and child anxiety with co-parenting. The majority of studies point to bidirectional associations between greater co-parenting difficulties and higher levels of anxiety. A conceptual model is proposed that integrates the role of parental and child anxiety, parenting, and co-parenting, to guide future research and the development of clinical interventions. Future research should distinguish between fathers' and mothers' co-parenting behaviours, include parental anxiety, and investigate the co-parental relationship longitudinally. Clinicians should be aware of the reciprocal relations between child anxiety and co-parenting quality, and families presenting for treatment who report child (or parent) anxiety should be assessed for difficulties in co-parenting.

**Wikipedia Anxiety(2008**) a study was conducted on "Patterns of dental anxiety in children after sequence treatment session, before the first evaluation session and before the second evaluation session. Initial dental visits". The aim of the study was to determine whether gradually exposing Brazilian children to the dental environment would decrease their levels of dental anxiety over a 14.5-month period. The study was carried out on 302 children of both genders, aged 6-7 years old. Dental anxiety was assessed using the Facial Image Scale (FIS) at five time points: 1. before an epidemiological examination; 2. before the first treatment session; 3. be NOVA, Student-t tests and ANCOVA were used to analyses the data. There was a statistically significant decrease in levels of dental anxiety between time points 1 and 5. Eighty-nine percent of the children with FIS score 1 or 2 at baseline had the

same scores at the last time point, whereas 82% of children with FIS score 4 or 5 at baseline had a FIS score of 1 or 2 at the last time point.

**Enrico Gonaulafi(2008)** a study was conducted on "Music therapy to reduce pain and anxiety in children with cancer undergoing lumbar puncture: a randomized clinical trial" at the National Hospital of Paediatrics, Hanoi, Vietnam. The aim of this study was to evaluate if music medicine influences pain and anxiety in children undergoing lumbar punctures. A randomized clinical trial was used in 40 children (aged3-6 years) with leukaemia, followed by interviews in 20 of these participants. The participants were randomly assigned to a music group (n = 20) or control group (n = 20). The primary outcome was pain scores and the secondary was heart rate, blood pressure, respiratory rate, and oxygen saturation measured before, during, and after the procedure. Anxiety scores were measured before and after the procedure. Interviews with open-ended questions were conducted in conjunction with the completed procedures. The results showed lower pain scores and heart and respiratory rates in the music group during and after the lumbar puncture. The anxiety scores were lower in the music group both before and after the procedure. The findings from the interviews confirmed the quantity results through descriptions of a positive experience by the children, including less pain and fear

**Indian Journal of Medicine (2008**) a study was conducted on, "Anxiety and depression in children and adolescents are reviewed, including differential diagnosis, assessment of symptoms, family history data, developmental features, and clinical correlates". Findings indicate that 15.9% to 61.9% of children identified as anxious or depressed have comorbid anxiety and depressive disorders and that measures of anxiety and depression are highly correlated. Family history data are inconclusive. Differences emerged among children with anxiety, depression, or both disorders. Anxious children were distinguishable from the

other 2 groups in that they showed less depressive symptomatology and tended to be younger. The concurrently depressed and anxious group tended to be older and more symptomatic. In this group, the anxiety symptoms tended to predate the depressive symptoms.

**PubmedAnxiet in children(2009)** a study was conducted on the "The Efficacy of Play Therapy and Filial Therapy with Children" by Sue Bratton. The aim of this study was to find out the effectiveness of play therapy in children and to compare the efficacy of it when given by a professional and a para-professional. The study included 3263 subjects into three groups as 1) Therapy given by professional,, 2) given by para-professional and 3) control group. A meta-analytical approach was used to conduct the study. The results showed that when the therapy was given by a professional provided most efficacy as compared to a para-professional

**Journal of Psychotherapy volume 12 (2010)** a study was conducted on 'Play Therapy: A Case-based Example of a Nondirective Approach". The study showed the effective use of play therapy in children with different psychiatric diagnoses. Using pre-test, post-test comparison design to evaluate 11 patients in an experimental group and 10 in the control group, Danger, et al., showed a benefit in improving both receptive and expressive language skills in children with speech difficulties. In theory, the safe practice environment of the therapy provided an environment conducive to working on these areas without exacerbating self-esteem and social anxiety issues. An exploratory study of nondirective play therapy with an autistic boy using video analysis of 16 sessions suggests both feasibility and effectiveness of play therapy with noted improvements in the child's autonomy and pretend play, though only mild improvement in decreasing ritualistic behaviours. It was the authors' opinion in this paper that the therapeutic relationship helped to "enhance and accelerate the emotional/social development of children with severe autism," as they were able to observe attachment behaviour from the child towards the therapist.

**Google Incidents of anxiety disorders in children(2010**) In a case example, play therapy was used to alleviate anxiety, which was contributing to migraine headaches in a 10-year-old child with separation anxiety disorder. In this case, the boy with pre-existing migraines began to experience increased anxiety in the wake of the 9/11 attacks as his father took part in the search and rescue efforts at the World Trade centre. The tracked symptom was migraine frequency, which had increased with his anxiety. Through play and art he was able to accomplish a resolution of his fears by bringing them to the surface, directly and indirectly in the content of his play and art projects. As his play and art became less dark and fearful, both his subjective anxiety and migraines decreased.

**Journal of Psychotherapy voulme 18 (2011**) a study was conducted on"The Efficacy of Play Therapy on ADHD, Anxiety and Social Maturity in 3 to 6 Years Aged Clientele Children of Ahwaz Metropolitan Counselling Clinics". The present study was purposed to examine the Efficacy of Play Therapy on Attention Deficit Hyperactivity Disorder (ADHD), Anxiety and Social Maturity in 3 to 6 years old male and female children. The sample subsumed 80 boys and girls whom were selected randomly via simple sampling procedure from clientele children whom were identified and diagnosed for ADHD and Anxiety in counselling clinics. The subjects randomly allocated to two groups, giving equal chance to every client to be included in each group: the experimental and control group. Experimental group was involved in play therapy for ten sessions; 1 h each. Control group did not. Pre-test and post-test experimental design with control group was processed by administrating Conner's Parent Rating Scale (CPRS), Children Anxiety Test (ACAT) and Vineland Social Maturity Scale (VSMS). Multivariate Analysis of Variance (MANOVA) as statistical implement revealed that: Play therapy decreased Attention Deficit Hyperactivity Disorder (ADHD) and Anxiety but increased Social Maturity. The results authenticated that play therapy as an effective

therapeutic procedure is a conceivable intervention for children experiencing a broad range of problems such as ADHD and anxiety involving no any significant risk.

**2. Studies Related To play activitiesin reducing anxiety among preschool children:**

**Ribeiro CA in (1991)**A study conducted on "The effect of therapeutic use of play articles by the paediatric nurses on the behavior of recently hospitalized children", describes the realization and results of an experimental research accomplished with children from 3 to 5 years age, recently hospitalized, using therapeutic play. The results showed that it helped children behave moreaccording to what is expected of them as well as show signs that they had adapted or presented ego strength.

**Pereira M.A(1992**)conducted an experimental study to explain the effectiveness of Play activities on development achievement levels of abusedchildren. She defined Play activities as an opportunity for the child to experience growth anddevelopment under the most favourableconditions. The sample size was 60.There was a significant difference noted between abused children receiving play and the other children. The result revealed that there is a difference in the development of the abused children after Play activities.

**Jones S.M,Fiser H.D(1992**) Conducted an experimental study to examine the role that play occupies within current occupational therapy practice with pre-schoolers. The sample consists of two hundred and twenty four paediatric occupational therapists completed mail questionnaires designed to ascertain how they used play in their practice, their used of play assessments, and potential constrains on their used of play. The results suggested that although respondents indicated that play was important in motivating children and frequently used play as a treatment modality or reinforces, they less frequently assessed between school

based and non-school based respondents regarding the discipline or model that addresses play in the work setting. He results suggested a need for increasing the emphasis on play in entry level curricular continuing education improving clinician access to valid and reliable play assessments, and designed studies to examine the use and efficiency of play in occupational therapy designed studies to examine the use and efficiency of play in occupational therapy intervention.

**Bossert E(1994)**Conducted experimental comparative study in the effectiveness of Play activities in gaining the cooperation of the children during painful procedures like blood sampling IV infusions. etc., among the hospitalized children. The sample size was 80 members. The tool used was observation rating scale to observe to reaction of the children during painful procedure. The result revealed that there was an effectiveness of play activities in gaining the cooperation of the children during painful procedures.

**Melynk M.D (1994**) Conducted an experimental study on the effectiveness of play activities in helping children between three to twelve years in coping with painful procedures. The findings revealed that adequate coping ability was shown by62.5% of the children in verbal responses 3.1% in facial expression 34.4% imposture and 16.9% in physical activities rating scale. Play activities had helped in improving coping ability of children during painful procedures and children with Play activities copied better than children without Play activities.

**Zahrk.K (1998)** Therapeutic play in the form of an interactive puppet show was administered to 50 preschool children one day before surgery in a hospital in Lebanon [1998]. A control group of 50 preschool children received routine care, but not therapeutic play. Physiological and behavioural measures were assessed on admission, at the time of a stressful procedure (preoperative injection), after surgery, and after discharge. Although on admission

there had been on significant differences between the means on physiological measures for the two groups, the children who received the therapeutic play intervention manifested markedly less anxiety and more cooperation and had significantly lower mean blood pressures and pulse rates during the injection than the control group. Following surgery, the experimental group took less time to void their bladders, another physiological indication of lower stress level. After hospital discharge, the children who had received therapeutic play had significantly lower scores on all six factors of the Post Hospital behavior Questionnaire. This study demonstrates that therapeutic play is a valid means of reducing stressful responses to hospitalization and surgery among children in Lebanon.

**Ciatworthy.S,Simon K Tiedman M.E (1999)** a conducted an experimental study on children with leukaemia and found that day undergo painful procedures such as lumbar puncture and bone marrow aspiration. To overcome pain, certain units offer total anaesthesia. Others offer generic supports: others offer no preparation at all. Since September 1997, we have provided leukaemia children with Play activities a non verbal and creative modality that develops coping skills. Our goal is to prevent anxiety and fear during painful interventions as well prolonged emotional distress. We treated 32children aged 2 – 14 years. The modes of Play activities before, during and after the punctures were as follows: clinical dialogue to calm children and help them.

**Pan HL, Chiu PC, Shen JF, Chen CW. (2004)** conducted study on "Application of therapeutic play in the process of nursing a preschool patient". The patient suffered a Port-A in the clavicle and an ileostomy in the right upper abdomen. She cried incessantly and resisted nurses who attempted to change her dressing. Data were collected by participant observation, and it was found that the patient had problems dealing with anticipatory pain and body image and lacked an emotional outlet. Therapeutic play therefore was applied during the process of

nursing. Therapeutic play improved her overall compliance, provided her with an emotional outlet, and helped her to understand her self-image. Paediatric nurses may consider employing play as a means to communicate with patients in an effort to reduce their stress during hospitalization. Therapeutic play may also improve patient compliance with the process of nursing.

**Xavier T (2005)** a quasi experimental study was conducted to assess the effectiveness of play activities in reducing anxiety among hospitalized children in Bangalore. Convenient sampling was used in which 60 preschoolers between the age group of 3-6 years were selected. Data was collected using hospital observed checklist. For the experimental group mean and standard deviation was 53.4 and 1.73 respectively. The obtained 't' value was 49.04 at 0.05 level. For the control group mean and standard deviation were 53.1 and 0.96 respectively. The obtained 't' value 0.724 at 0.05 level. The findings showed that children were anxious in the pre-test and were as in the post test showed that children were not anxious. The mean post-test was significantly higher than the mean pre-test score ($t=p<0.001$). There was significant association. between findings and demographic variables. The study concluded that children were anxious in the pre-test whereas post-test anxiety was reduced, which indicated that play therapy was effective.

**Jernberg A.M, Booth P.B(2006)** a study was conducted to compare the effect of play activities on the level of anxiety after surgery in an intervention and control group of Iranian children. 75 Children aged 5 to 12 years were enrolled in intervention and the control group. The anxiety symptoms were assessed using State Trait Anxiety Inventory for children, children's Manifest Anxiety Scale and Yale Pre-operative Anxiety Scale. The result showed that anxiety score was lowered in the intervention group when compared to the control group

and was statistically significant. The study concluded that attending play rooms and using play activities may reduce the anxiety level induced by surgical procedure.

**Mitre RM, Gomes R. (2007)** conducted a study on "The standpoint of healthcare practitioners on the promotion of play in hospitals". This study examines and analyzes the limits and possibilities of the promoting play in hospitals. This investigation can contribute to the collective health field, as discussions about the views of healthcare practitioners on promoting play in hospitals may well influence the development of new childcare models. This discussion is grounded on a qualitative approach to the dynamics of relationships and the role of play in a hospital setting. Drawn from interviews with 33 practitioners from three hospitals located in different parts of Brazil, the data analysis is based on linking up issues that emerge from their comments, together with theoretical references. In terms of findings, the acknowledgment of this type of intervention by the institution could facilitate or complicate these actions. The conclusions clearly indicate that assigning play promotion the status of a therapeutic tool within a healthcare environment may subvert the rules and hierarchies of the institution.

**Leite TM, Shimo AK. (2008)** conducted a study on "care for the emotional needs of hospitalized children has had the attention of nursing professionals in Brazil". The chance to play is known as a relief from suffering, especially in childhood, which justifies the importance of this theme. This study had the objective of analyzing Brazilian nurses' academic production on the use of toys during the attention to children in hospitals in strictusensu Graduate programs. Data were taken from Portal CAPES, CEPEn, IBICT and papers' references. Of the 15 theses/dissertations found in the literature only 14 are available; they were analyzed and comprise the corpus of this study. It was found that toys have been used mostly in pre and post surgery, by Nursing professors, with preschool and school age

children, parents and nurses. All of the works reinforce the positive results of toys' use. We recommend to paediatric nurses the use of toys in all institutions where children need care.

**3. Studies Related Play activities and its Therapeutic Value in Reducing**

Anxiety among the Hospitalized Children.

**Melynk (1994) c**onducted a study on the effect of the use of therapeutic play by the paediatric nurse on the behaviour of recently hospitalized children. This work describes the realization and the results of one experimental research accomplished with children from 3 to 5 years age, recently - hospitalized using the therapeutic play. The results showed that it helped children behave more according to what is expected of this 3 – 5 age group, as well as show signs that they had adapted or presented ego strength.

**Bastin T(2000)**a Comparative study was conducted to evaluate the outcome of a 16-week group play therapy for highly stressed school-aged children. The sample randomized into experimental (n=6) and control (n=6) group. The stress was assessed in both the groups using stress rating scale. The results indicated a significant decrease in stress during the course of the intervention for the treatment group (31.34) subjects compared to controls (51.09) furthermore group treatment subjects also indicated a significant increase in social skills during the group intervention. The study concluded that the group play therapy was essential in reducing stress among school-aged children.

**Bastin.T(2001) c**onducted a study on therapeutic play and hospitalized child. It has long been recognized that there are many and varied definitions of play. This article briefly reviews normative play theory, differentiating it from its counterpart, therapeutic play. Three forms of therapeutic play (emotions outlet play, instructional play, and physiologically enhancing play) are described and clinical examples are given.

**Kazdin A.E (2001)**a study was conducted in paediatric wards of Christian Medical College and Hospital, Vellore, to assess the knowledge, attitude and practice of the parents and nursing personnel regarding the importance of play needs in hospitalized children between the age group of 1 month to 12 years. The assessment of the knowledge revealed that both parents and nursing personnel had adequate knowledge (99.07%) and 86.11% respectively) regarding importance of play needs. The assessment of the attitude revealed both parents and nursing personnel showed most favourable attitude and respectively towards the importance of play in children. The practice of parents was adequate and of the nursing personnel found inadequate. The study findings have shown that the practice or parents in regard to meeting the play needs of children is moderately adequate and the practice of the nursing personnel is grossly in adequate

**Garfieid S, Bergin A(2004)**an experimental study was conducted in the Maimonides Medical Centre, New York to evaluate the effectiveness of play in reducing anxiety during administration of pre-operative oral medication. The samples were 100 hospitalized children 3 to 6 years of age randomized into two equal groups. The experimental group (n=50) was given a small toy to play, control group (n=50) receive no toy. The anxiety of each child was assessed using the Modified Yale preoperative Anxiety Scale. The results showed significantly less anxiety in children who received a toy before oral administration compared to control group So the study concluded that giving a toy to play during preoperative medication reduces the anxiety among hospitalized children.

**Barrett C, Hampe, T.E And Miller L(2008)**a study was conducted in a Swedish hospital to investigate the effectiveness of play activities in reducing fear, longing and powerlessness of hospitalized children. The sample consists of 22 hospitalized children. Without control group the fear, longing and powerlessness was assessed by CBCL. Children were given the opportunity to use expressive arts such as clay, paint and textile and art objects. The statistics shows that the post-test mean percentage score is less than the pre-test mean percentage score and hence the expressive arts acted as a medium for communication, which helps the

children to expressive their fear, longing, and powerlessness when going hospitalized. The study concluded that the expressive arts were effective to reduce the fear, longing, and powerlessness during hospitalization.

**Glavas.M.M, Weinberg .J (2009)**an experimental study was conducted to evaluate the effectiveness of play activities to gain the cooperation of different situations in hospitalized children and parents. 80 children were scheduled for minor surgery and their parents were randomly assigned to experimental and control conditions. The experimental intervention consisted of accurate information about sequences of events, sensory between female and male patients. The study concluded that a hand –held VG can be offered to most children as a low cost, easy to implement, portable, and effective method to reduce anxiety in the preoperative area and during induction of anaesthesia.

**JernbergA. M, Booth P.B** a Comparative study was conducted to test whether children in a hospital were happier during play therapy rather than music therapy. 60 children were observed either during play therapy or music therapy. Happiness was operationally defined as the frequency of smiles during a 3 minute period. The results showed that play therapy led to significantly more smiles than did music therapy. Increasing the amount of time hospitals provide play therapy for child patients may be a way to increase positive effect and ultimately to increase mental and physical well-being in hospitalized children.

**Bonnie N(2000)** an experimental study was conducted in Yale University School of Medicine New Haven to examine whether interactive play therapy is an effective treatment for production anxiety. Children undergoing outpatient surgery were randomized to 3 groups: interactive play therapy (n=51) oral midazolam (n-34) or control (n=38). The primary outcome of the study was children's preoperative anxiety. The anxiety was assessed by trait anxiety scale. Results found that the children in the play therapy were significantly less anxious during the induction of anaesthesia than children who received midazolam and control groups and

respectively). They blood sampling and IV infusion, among hospitalized children. The sample consists of 80 hospitalized children. An Observation rating scale was used to observe to reaction of the children during painful procedure. The result revealed that there was gain in cooperation after the post-test during painful procedure. It showed that the play activities were effective in gaining the cooperation of the children during painful procedures.

# CHAPTER – III

# RESEARCH METHODOLOGY

# CHAPTER-III

# RESEARCH METHODOLOGY

The methodology of research indicates the general pattern of organizing the procedure for gathering valid and valuable data for the purpose of investigation. The methodology of this study includes the research approach, research design, setting of the study, population sample and sampling technique, development of tool, data collection procedure and plan for data analysis.

## RESEARCH DESIGN AND APPROACH:

Research design refers to the researchers overall plan for obtaining answer to the research questions and it spells out the strategies that the research depots to develop information that is adequate, accurate objective and interpretable. (Polit and Hungler, 2002)

The design selected for the present study was true experimental design.

## RESEARCH DESIGN

The research design adopted for the present study is one group pretest posttest design.

## SETTING OF THE STUDY:

The study was conducted in pediatric Medical ward in selected hospital at Erode.Its13km away from college.

## POPULATION

**Poilt and Hungler** (2004) referred population as the entire set of individuals(or) subjects having common characteristic some time referred to as universe.

The population under this study children who were admitted in selected hospital at Erode.

**SAMPLING:**

**a)Sample**

Sampling refers to the process of selecting the portion of population to represent the entire population. (**Polit and Hungler**, 2002)

Sample for this study is preschool children admitted in the medical ward.

**b) Sample size**

Sample is subset of the population selected for a particular study and the number of a sample are the subjects.(**Burns N,**2001)

The sample size was comprised of approximately 30 preschool children in selected hospitals at Erode. .

**c) Sampling technique**

Convenient sampling technique is a judgment sampling that involves the conscious selection from the research of certain subjects of element to include the study. (**Denise F Polit**,2004).

**d) Sampling criteria**

**Inclusion Criteria**

- Both sex
- Children admitted in Pediatric Medical ward
- Children who are all able to speak and understand
- who are all present during data collection
- Who are willing to participate in this study

**Exclusive Criteria**

- Who are critically ill children
- Children who were treated as out patient
- Children with Complication
- Who are admitted other than Medical Ward
- Children having congenital anomalies

**METHODS OF DATA COLLECTION:**

**Development of tools:**

A tool in research refers to the tool or equipment used for collecting data. The investigator was using a eleven point anxiety scale to assess the level of anxiety among hospitalized preschool children.

**Description of the tool**

The tool consists of 3 parts.

**Part A:**

It consists of demographic characteristics such as age, sex, income,type of family,religion,area of the residency,birth order,and previous hospital admission,education of the parentsand occupation of the parents.

**Part B:**

It consists of anxiety checklist for pre-school children in hospital.

**Part C:**

It consists of anxiety scale to assess the level of anxiety among hospitalized preschool children.

**a) Validity**

Validity is the degree of to which as instrument measures and what it is intended to measures. **Polit and Hungler** (2004)

In the present study, five experts including one pediatrician and 4 Nursing experts validated the entire sections of the tool.The experts were requested to check for the adequacy of the content,sequence in framing of questions.Items with 100% agreement were included in the study.The tool was drafted in English and translated into Tamil and retranslated into English.This was to satisfy the language validity based on their suggestion.

**b) Reliability**

Reliability of an instrument is the degree of consistency in which it measures the attribute; it is supposed to be measuring. **Polit and Hungler** (2005)

The reliability of the tool for the present study was established by test retest method among hospitalized preschool children. Then the score obtained was correlated. Reliability was computed by using Karl Pearson's correlation. The obtained 'r'=0.97.The tool was found to be reliable.

**PILOT STUDY**

Pilot study is a small scale version on trial run done in preparation for a major study. **Polit and Hungler** (2004)

The pilot study was conducted in C.K Hospital, at Erode among hospitalized preschool children,those who had anxiety. Five samples were selected by screening. The pre test was assessed by using eleven point anxiety scale.Then intervention was given to the preschool children (ie selected play activities) for 30min. After 30 min the post test was conducted by using eleven point anxiety scales from the pilot study results it was feasible to conduct the main study

## DATA COLLECTION PROCEDURE

The pre-test was conducted in the medical ward of selected hospital.The data were collected for 4 weeks.Prior permission from the authorities was sought and obtained. Individual informed consent was taken from the study samples.The study samples were selected by convenience sampling method based on sample selection criteria.

All the hospitalized preschool children from the selected hospital were screened.In that 30 hospitalized preschool children were selected, who satisfied the selection criteria were recruited for the study.Theobjectives and purpose of the study was explained and confidentiality was maintained.

Then selected play activities (Intervention) was given to preschool children for 30 mins. After 30 mints the post-test was conducted.

## PLAN FOR DATA ANALYSIS

The investigator edited the tool,coded the data and entered the data into excel sheet.Statistical analysis was done by SPSS packages version 10.The level of significance, 0.05 was used to reject the null hypothesis.

The data were analyzed as follows:

1) Demographic variables were analyzed by using frequency and percentage distribution.

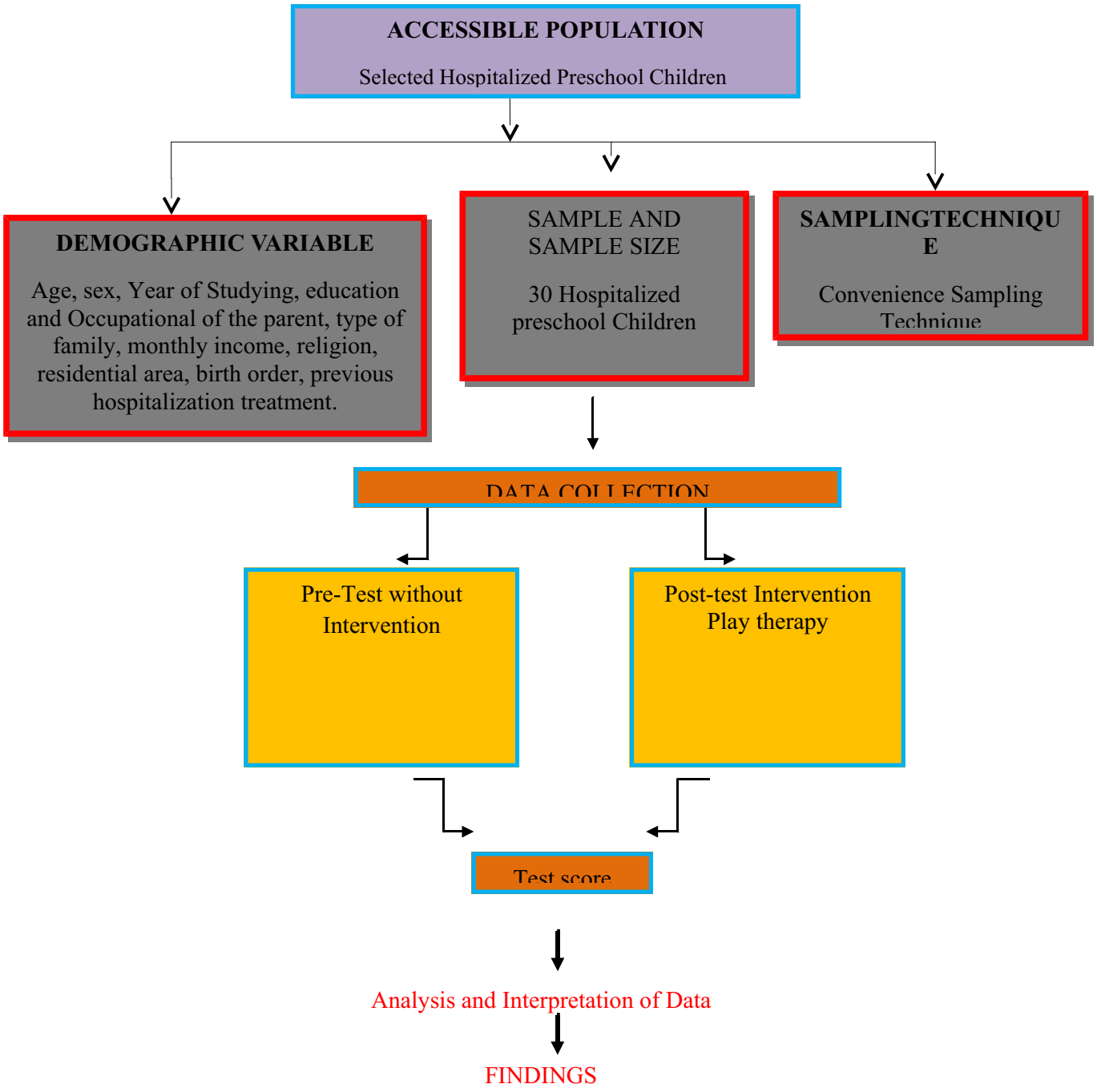
2) Effectiveness of selected play activities was evaluated by paired ‘t’ test.

3) Association between pre-test score of anxiety level and demographic variables were analyzed by chi-square test.

## ETHICAL CONSIDERATION

The study objective, intervention and data collection procedures were approved by the research and ethical committee of the institution.Informed consent was obtained from the individual mother for hospitalized preschool children. The mother of preschool children had the freedom to leave the study at their will without assigning any reason confidentiality was assured.Thus the ethical issues were ensured in the study.

## Fig.3.1.SCHEMATIC PRESENTATION OF RESEARCH DESIGN



# CHAPTER – IV

# DATA ANALYSIS & INTERPRETATION

# CHAPTER IV

## ANALYSIS AND INTERPRETATION

### INTRODUCTION

This chapter presents the quantitative results of the study to evaluate the effectiveness of play therapy in reducing anxiety among hospitalized preschool children in selected hospitals at Erode District.

**Kerlinger** (1995) defines ‘’analysis as the categorising ordering manipulating and summarizing of data to obtain answers to research question’’.

The factors relating to anxiety among hospitalized preschool children were understood by anxiety scale.The results obtained were classified, tabulated and the following analyses were performed in fulfilling the objectives of the study.

### OBJECTIVES OF THE STUDY

1. To assess the level of anxiety among hospitalized preschool children.
2. To determine the effectiveness of play activities to anxiety among hospitalized preschool children.
3. To find out the association between the levels of anxiety among hospitalized pre-school children with their selected demographic variables.

### ORGANIZATION OF FINDING

**Section1:** Frequency and Percentage distribution of preschool children according to the demographic variables

**Section 2:** Evaluation of level of anxiety among hospitalized preschool children

**Section 3:** Evaluation of effectiveness of selected play activities in reducing anxiety among hospitalized preschool children.

**Section 4:** Data on Association between the pre-test level of anxiety and their selected demographic variables

**HYPOTHESIS**

**H1;** There will be significant differences between the pre-test and post-test level of anxiety among hospitalized preschool children after play activities.

**H2;** There will be significant association between the pre-test level of anxiety and their selected demographic variables.

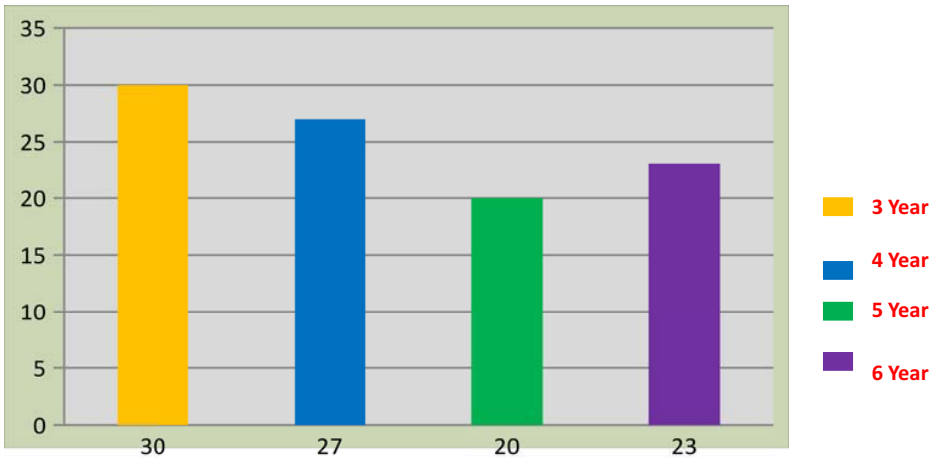
**SECTION 1: DESCRIPTIVE ANALYSIS OF DEMOGRAPHIC VARIABLES**

This section deals with the percentage distributions of the selected demographic variables

**TABLE4.1: FREQUENCY AND PERCENTAGE DISTRIBUTION ACCORDING TO THE DEMOGRAPHIC VARIABLES**

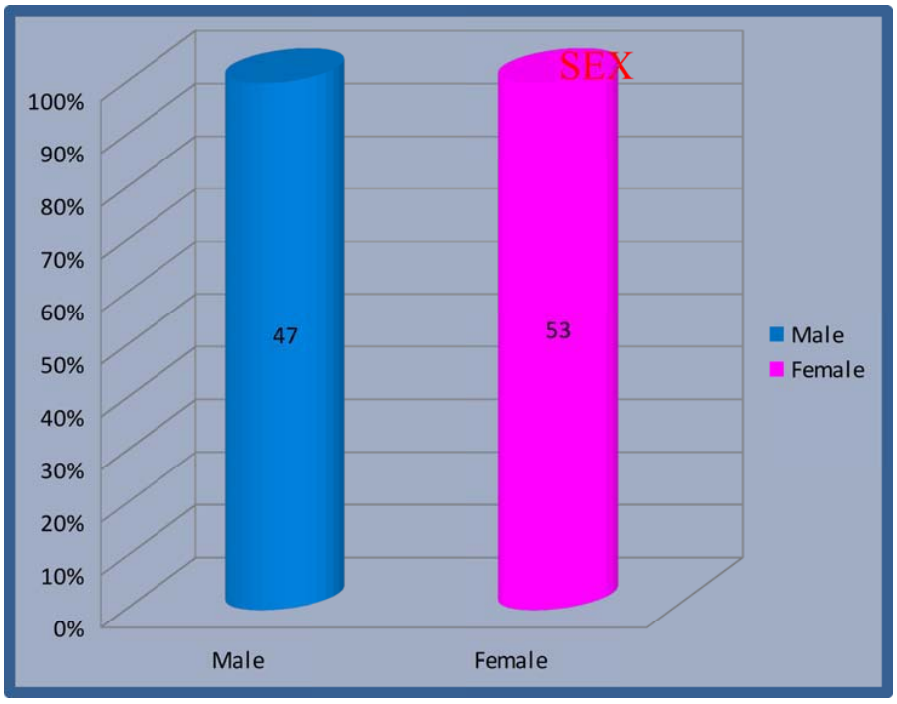
| DEMOGRAPHIC VARIABLES | | FREQUENCY | % |
|---|---|---|---|
| AGE | 3 Year | 9 | 30% |
| | 4 Year | 8 | 27% |
| | 5 Year | 6 | 20% |
| | 6 Year | 7 | 23% |
| SEX | Male | 14 | 47% |
| | Female | 16 | 53% |
| YEAR OF STUDYING | Pre K.G | 4 | 13% |
| | L.K.G | 7 | 23% |
| | 1 STD | 6 | 17% |
| | None | 14 | 47% |
| EDUCATION OF THE PARENTS | Illiterate | 8 | 26.6% |
| | Secondary | 11 | 37% |
| | Higher secondary | 3 | 10% |
| | Graduate and above | 8 | 26.6% |
| OCCUPATION OF THE PARENTS | Coolie | 13 | 43.3% |
| | Business | 7 | 23.3% |
| | Private | 6 | 20% |
| | Government | 4 | 13.3% |
| TYPE OF THE FAMILY | Joint Family | 16 | 50% |
| | Nuclear Family | 11 | 37% |
| | Extended Family | 4 | 13% |
| MONTHLY INCOME OF THE FAMILY | <5000 | 12 | 40% |
| | 5001-10,000 | 12 | 40% |
| | 10,001-15,000 | 3 | 10% |
| | >15,000 | 3 | 10% |
| RELIGION | Hindu | 17 | 57% |
| | Muslim | 8 | 26.6% |
| | Christian | 5 | 17% |
| RESIDENTIAL AREA | Rural | 15 | 50% |
| | Urban | 15 | 50% |
| BIRTH ORDER | 1st Baby | 13 | 43% |
| | 2nd Baby | 11 | 37% |
| | 3rd Baby | 6 | 20% |
| PREVIOUS HOSPITALIZATION | Yes | 23 | 77% |
| | No | 7 | 23% |
| TREATMENT GIVEN | Oral &IM | 6 | 20% |
| | IM&IV | 9 | 30% |
| | Oral & IV | 10 | 33% |
| | All the above | 5 | 17% |

**FIG4.1: DISTRIBUTION OF PRESCHOOL CHILDREN ACCORDING TO AGE**



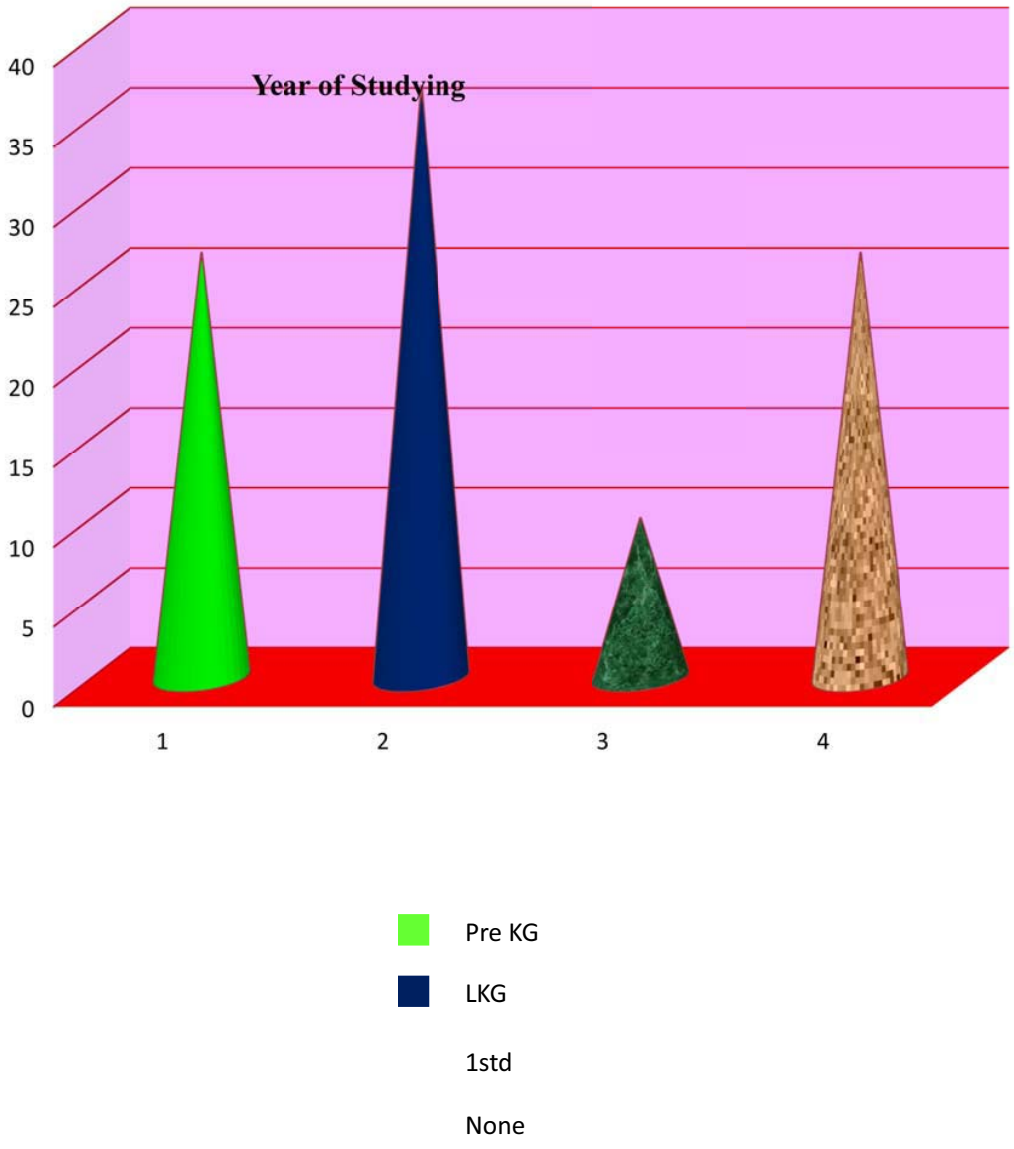

According to their age in pre-test 30% of preschool children were in the age group of 3 year, 27% of preschool children were in 4 year of age, 20% of preschool children were in 5 year of age, 23% of preschool children were in 6 year of age. Thus it can be interpreted that the highest percentage was in the age group of 3 year with the percentage of 30

**FIG-4.2: DISTRIBUTION OF PRESCHOOL CHILDREN BASED ON SEX**



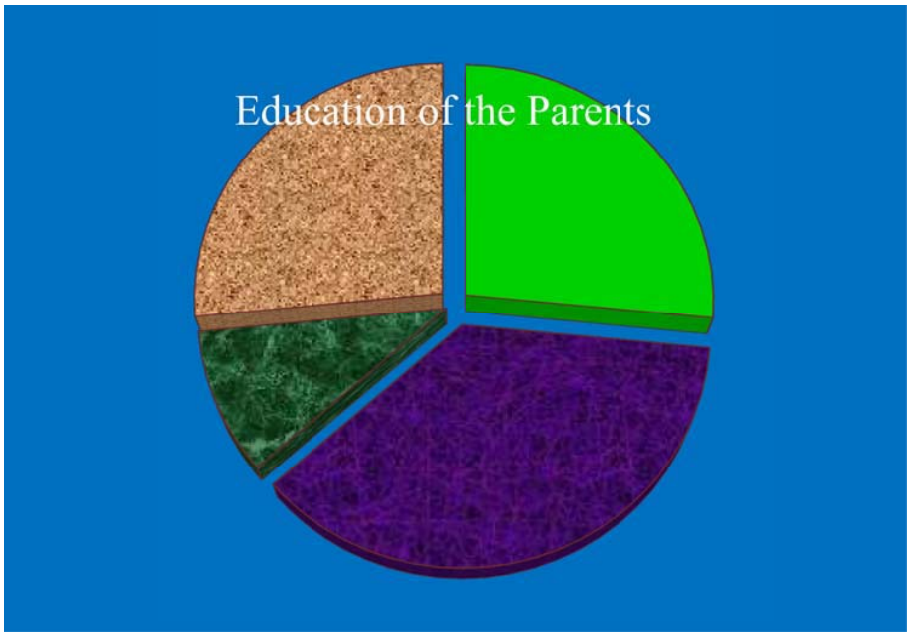

According to sex, The group 47% were male preschool children,53% were female preschool children.It can be interpreted that majority of preschool children are female's among the group with the percentage distribution respectively.

**FIG-4.3: DISTRIBUTION OF YEAR OF PRESCHOOL CHILDREN ACCORDING TO YEAR OF STUDYING**



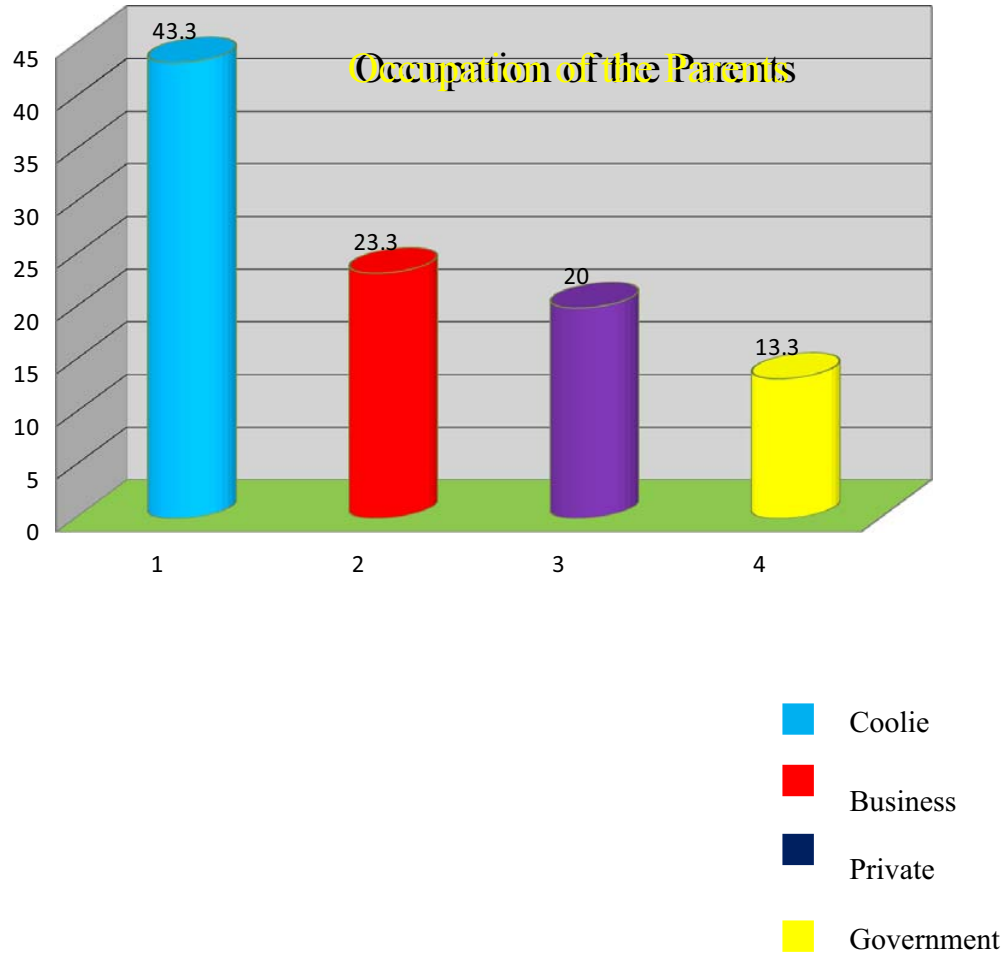
According to year of studying the preschool children,13% of preschool children were studying in pre kg, 23% of preschool children were studying in L.K.G,17% of preschool children were studying in 1$^{st}$std,47% of preschool children were not going to school.Seen that majority of the preschool children who are having anxiety are from the group of not started schooling.

**FIG-4.4: DISTRIBUTION OF PRESCHOOL CHILDREN ACCORDING TO EDUCATION OF THE PARENTS**




According to their education of the parents, 26.6% of were the parents are illiterate, 37% of where the parents are secondary school level, 10% of where the parents are higher secondary, 26.6% of where the parents are graduate and above.It can be interpreted that the majority of the parents arehaving secondary school education.

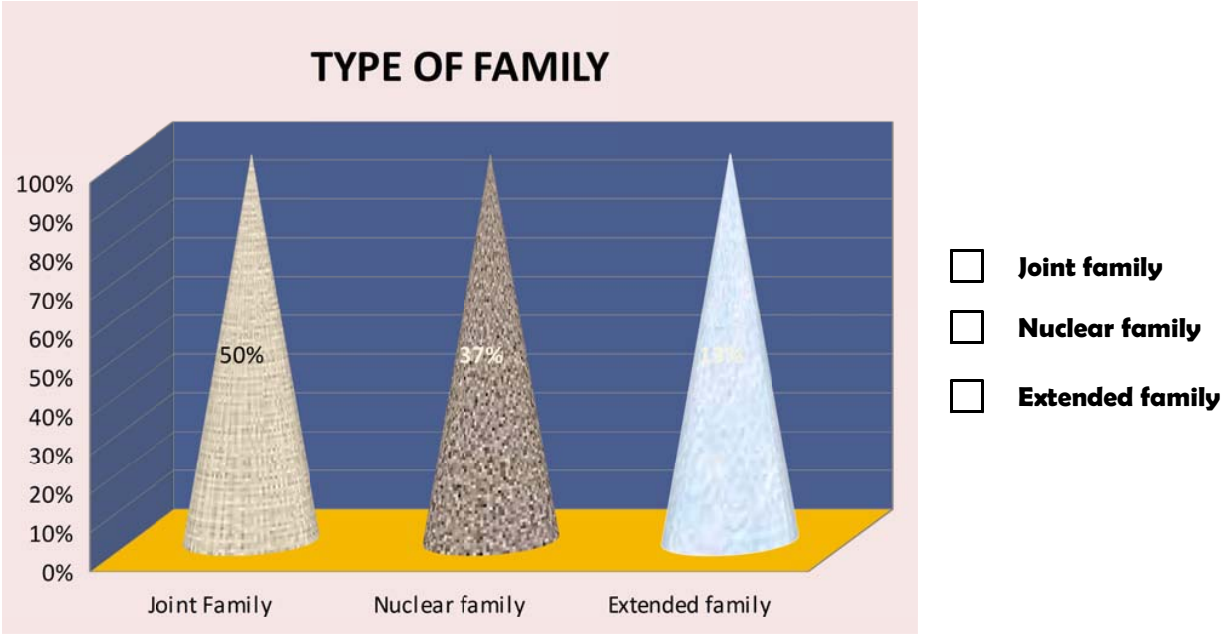
**FIG-4.5: DISTRIBUTION OF PRESCHOOL CHILDREN ACCORDING OCCUPATION OF THE PARENTS**




**Coolie** **Business** **Private** **Government**

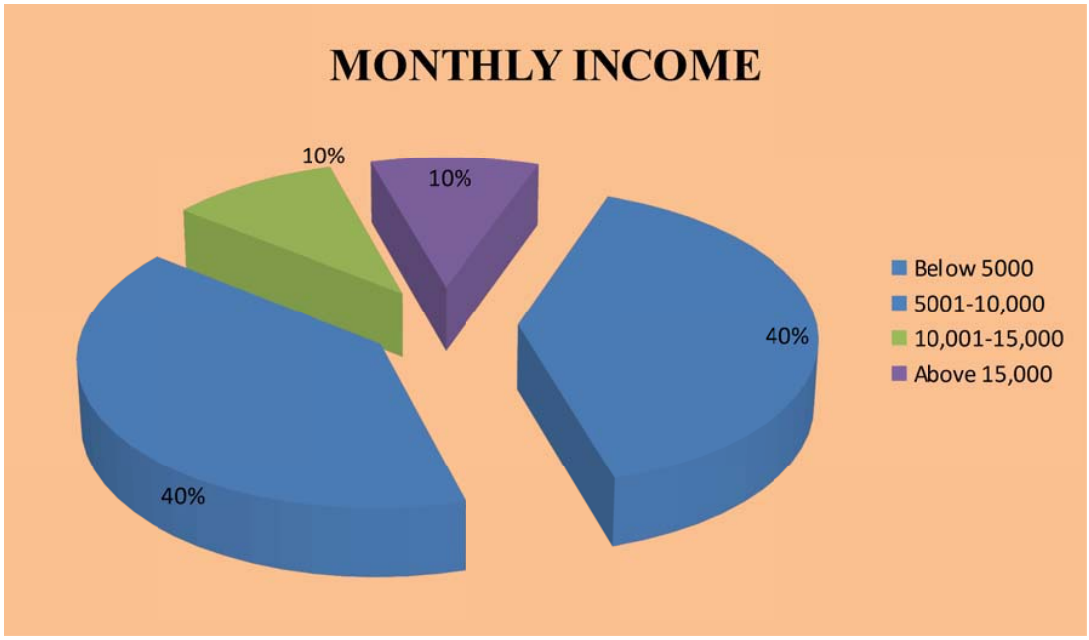
According to their occupation of parents, 43.3% of were the parents are in coolie, 23.3% of were the parents are in business, 20% of were the parents are in private, 13.3% of were the parents are in government. Thus it can be interpreted that the highest percentage was in the group of occupation of the parents in coolie

**FIG-4.6: DISTRIBUTION OF PRESCHOOL CHILDREN ACCORDING TO TYPE OF FAMILY**



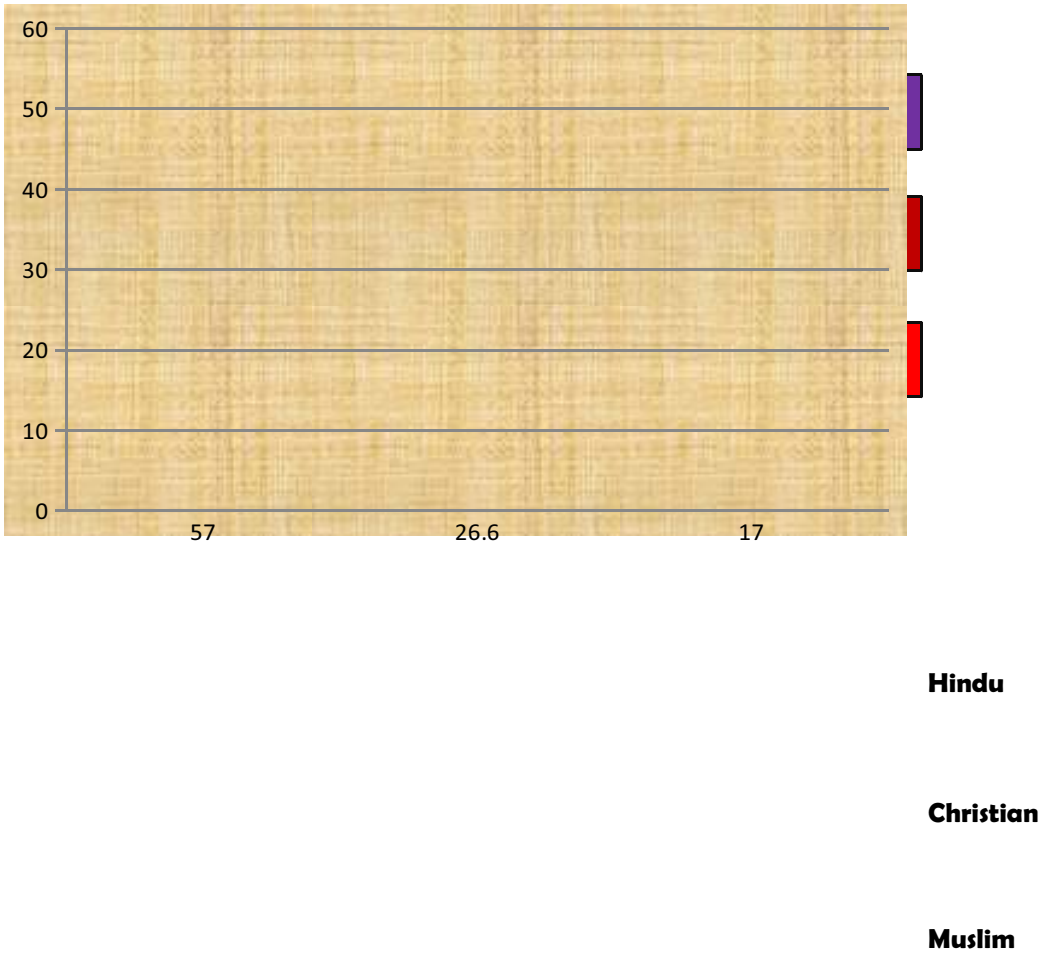

According to their type of family, 50% of preschool children were in the joint family,37% of preschool children were in the nuclear family,13% of preschool children in the extended family.Thus it can be interpreted that majority of preschool children are in the joint family among their group.

**FIG- 4.7: DISTRIBUTION OFPRESCHOOL CHILDREN ACCORDING TO MONTHLY INCOME OF FAMILY**



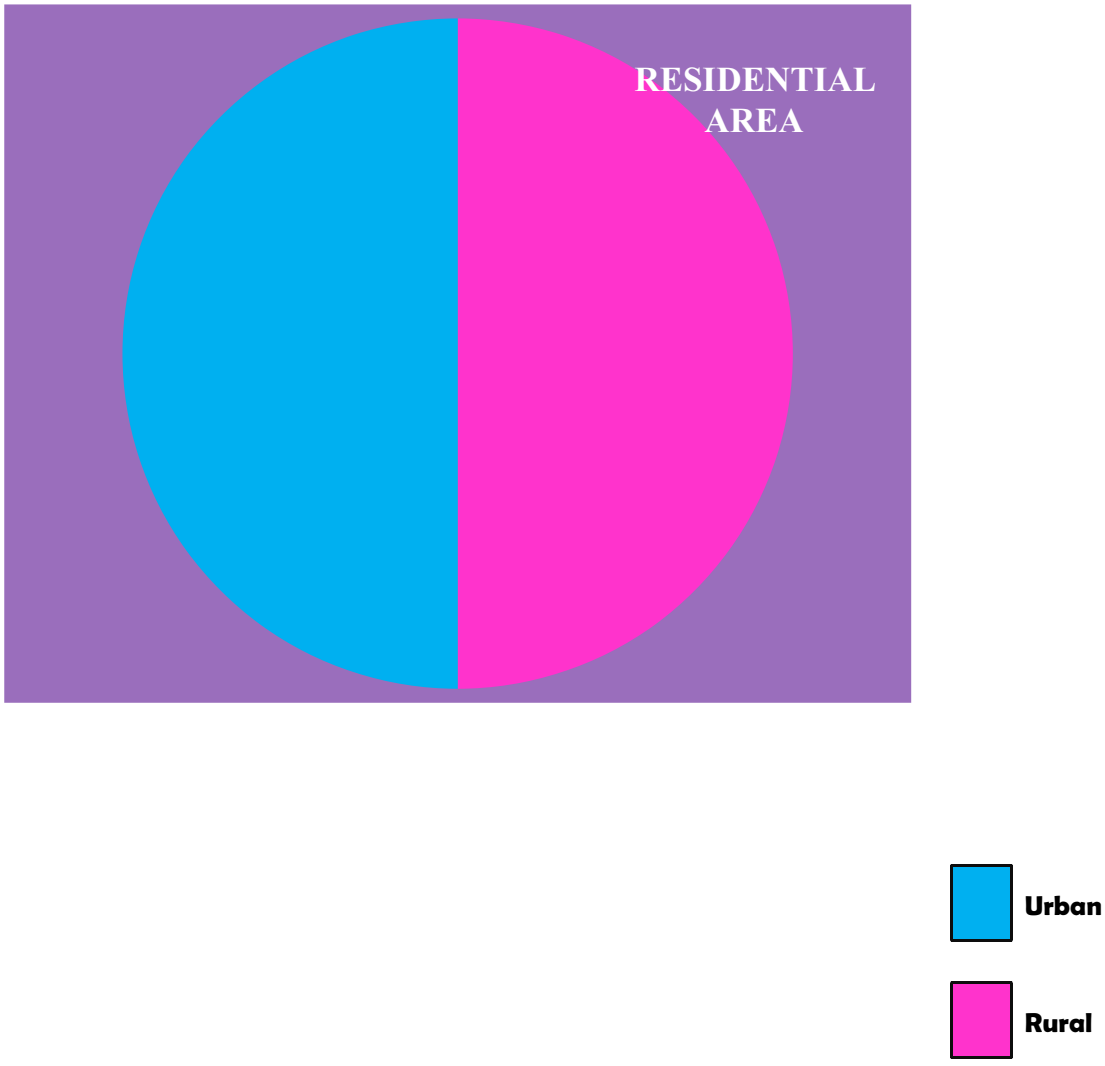

From the above data, we can see that 40% of children are from below 5000 as a family monthly income, 10% are having 5001 to 10000, 10001 to 15000 and 40% are from above 15000.

**FIG – 4.8: DISTRIBUTION OF PRESCHOOL CHILDREN ACCORDING TO RELIGION**




According to their religion, 57% of preschool children were of Hindu, 26.6% of preschool children were in the religion of Christian, 17% of preschool children were Muslim.

**FIG-4.9: DISTRIBUTION OF PRESCHOOL CHILDREN ACCORDING TO RESIDENTIAL AREA**

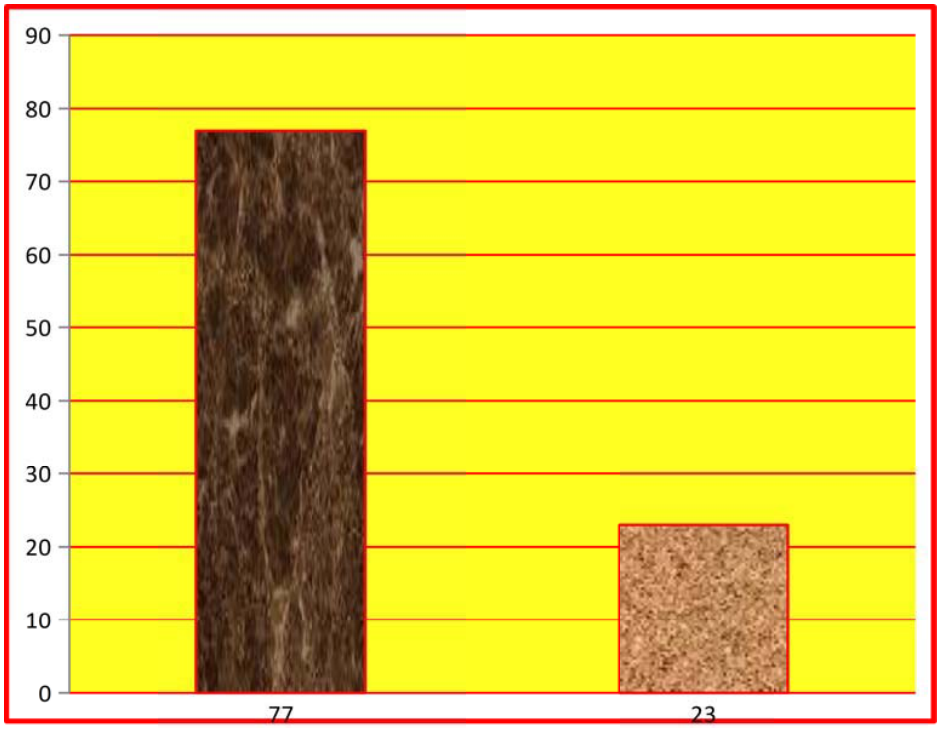


According to their residential area, all the preschool children are equally distributed in Rural& Urban.ie 50% in Rural & 50% in Urban.

**FIG-4.10: DISTRIBUTION DEMOGRAPHIC VARIABLES OF BIRTH ORDER**

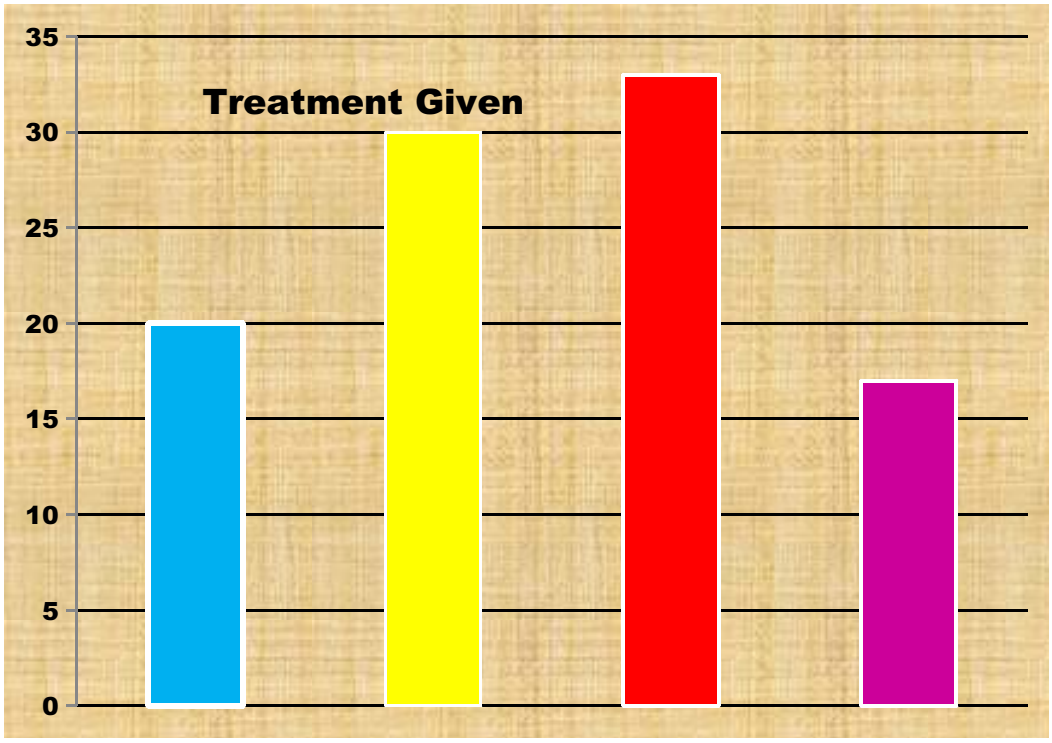

**A**ccording to birth order of the preschool children, 43% of were first in birth order, 37% were in second birth order, 37% were in third birth order. Thus it can be interpreted that, the majority belong to first birth order among with the highest percentage of 43respectively

**FIG-4.11: DISTRIBUTION OF PRESCHOOL CHILDREN ACCORDING TO PREVIOUS HOSPITALIZATION AMONG**



According to their previous hospitalization, 77% of preschool children were had previous experience of hospitalization, 23% of preschool children their not having experience of previous hospitalization. It can be interpreted that majority of preschool children were having previous experience of hospitalization.

**FIG-4.12: DISTRIBUTION OF PRESCHOOL CHILDREN ACCORDING TO TREATMENT GIVEN**




20 30 33 17

Oral & IM IM& IV Oral & IV All the Above

According to their treatment, 20% of preschool children are receiving oral medication & IM injection, 30% of preschool children are receiving IM injection &IV injection, 33% of preschool children are receiving oral medication &IV injection, 17% of preschool children are receiving all the above.

**SECTION 2: EVALUATION OF LEVEL OF ANXIETY AMONG HOSPITALIZED PRESCHOOL CHILDREN**

An attempt has been made to evaluate the effectiveness of selected play activates in reducing anxiety among hospitalized preschool children. The average score were obtained from the preschool with the anxiety scale.

**TABLE 4.2: DISTRIBUTION LEVELS OF ANXIETY AMONG HOSPITALIZED PRESCHOOL CHILDREN.**

| Level of Anxiety | Pre-test frequency | % | Post-test frequency | % |
|---|---|---|---|---|
| Balanced Mood | - | - | 10 | 33.3 |
| Slight Anxiety | 5 | 16.6 | 8 | 26.6 |
| Mild Anxiety | 9 | 30 | 8 | 26.6 |
| Moderate Anxiety | 9 | 30 | 4 | 13.3 |
| Strong Anxiety | 6 | 20 | - | - |
| Out of Control | 1 | 3.3 | - | - |
| Total | 30 | 100 | 30 | 100 |

Pre-test levels of anxiety based 16.6% of preschool children suffered slight fear, 30% of preschool children suffered mild fear, 30% of preschool children suffered moderate fear, 20% of preschool children suffered strong fear, 3.3% of preschool children having out of control

**TABLE NO 4.3: EVALUTION OF EFFECTIVENESS OF SELECTED PLAY ACTIVITIES IN REDUCING ANXIETY AMONG HOSPITALIZED PRESCHOOL CHILDREN**

**H1**: There will be significant differences between the pre-test and post-test level of anxiety among hospitalized preschool children after play activities.

| Score | Mean | SD | Mean difference | 't' value |
|---|---|---|---|---|
| Pre test | 5.03 | 2.3 | 2.90 | 10.33 |
| Post test | 2.13 | 1.9 | | |

Table 4.3 shows that among 30 preschool children the post-test mean 2.13 was less than the pre-test mean 5.03. The obtained 't' value 10.33 was significant at 0.05 level ($P < 0.05$). Hence the null hypothesis was rejected.

It was inferred that, the selected play activities are effective in reducing anxiety among hospitalized preschool children.

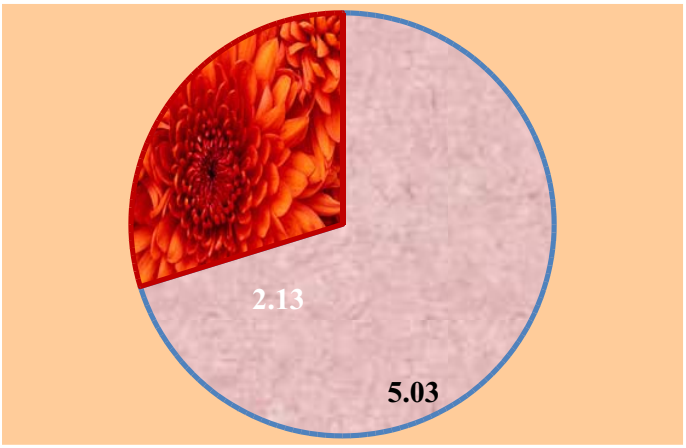



**FIG: 4.13 DISTRIBUTION OF LEVEL OF ANXIETY AMONG HOSPITALIZED PRESCHOOL CHILDREN**

**SECTION –4: ASSOCIATIONS BETWEEN PRE-TEST LEVELS OF ANXIETY AMONG HOSPITALIZED PRESCHOOL CHILDREN WITH THEIR SELECTED DEMOGRAPHIC VARIABLES.**

**H2** There will be a significant association between the pre-test anxiety level and their selected demographic variables.

**TABLE 4.4**

Data on association between the pre-test findings on level anxiety and their selected demographic variables.

| DEMOGRAPHIC VARIABLES | LEVEL OF ANXIETY | | | | | | | | | | | | $X^2$ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | BALANCED MOOD | | SLIGHT | | MILD | | MODERATE | | STRONG | | OUT OF CONTROL | | |
| **Age** | **F** | **%** | **F** | **%** | **F** | **%** | **F** | **%** | **F** | **%** | **F** | **%** | |
| 3 | - | - | 2 | 22 | 3 | 33 | 3 | 33 | 2 | 22 | - | - | |
| 4 | - | - | 1 | 12.5 | 1 | 12.5 | 4 | 50 | 1 | 12.5 | - | - | 3.64 |
| 5 | - | - | 2 | 33 | - | - | 2 | 33 | 2 | 33 | - | - | P>0.05**NS** |
| 6 | - | - | - | - | 3 | 43 | 2 | 29 | 1 | 14.3 | 1 | 14.3 | |
| **Sex** | | | | | | | | | | | | | |
| Male | - | - | 2 | 14.3 | 4 | 28.6 | 4 | 28.6 | 2 | 14.3 | 1 | 7.14 | **0**.245 P>0.05 |
| Female | - | - | 3 | 18.8 | 5 | 31.3 | 5 | 31.3 | 4 | 25 | - | - | NS |
| **Year of studying** | | | | | | | | | | | | | |
| PRE K.G | - | - | 1 | 25 | - | - | 3 | 75 | 1 | 25 | - | - | |
| L.K.G | - | - | 1 | 14.3 | 1 | 14.3 | 2 | 50 | 1 | 14.3 | - | 14.3 | |
| $1^{ST}$Std | - | - | - | - | 3 | 50 | 1 | 16.7 | 1 | 16.7 | 1 | - | 11.4 P>0.05NS |
| None | - | - | 3 | 21.4 | 5 | 35.7 | 3 | 21.4 | 3 | 21.4 | - | - | |
| **Education of the Parents** | | | | | | | | | | | | | |
| Illiterate | - | - | 6 | 75 | - | - | 1 | 12.5 | 1 | 12.5 | - | - | |
| Secondary School | - | - | - | - | 4 | 36.4 | 5 | 45.5 | 2 | 18.2 | - | - | 20.02 P >0.05 |
| Higher Secondary School | - | - | - | - | 3 | 100 | - | - | - | - | - | - | NS |
| Graduate & Above | - | - | - | - | 1 | 12.5 | 4 | 50 | 2 | 25 | - | - | |
| **Occupation of the Parents** | | | | | | | | | | | | | |
| Collie | - | - | 6 | 46.2 | 2 | 15.4 | 3 | 23.1 | 2 | 15.4 | - | - | 10.23 P>0.05 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Business | - | - | - | - | 4 | 57.1 | 2 | 28.6 | 1 | 14.3 | - | - | NS |
| Private | - | - | - | - | 2 | 33.3 | 1 | 16.7 | 3 | 50 | - | - | |
| Government | - | | - | - | - | - | 3 | 75 | - | - | 1 | 25 | |
| **Type of family** | | | | | | | | | | | | | |
| Joint family | - | - | 3 | 20 | 8 | 53.3 | 2 | 13.3 | 3 | 20 | - | - | 5.16 P>0.05 NS |
| Nuclear family | - | - | 2 | 18.2 | 1 | 9.1 | 5 | 45.5 | 1 | 9.1 | 1 | 9.1 | |
| Extend family | - | - | - | - | 1 | 25 | 2 | 50 | 1 | 25 | - | - | |
| **Monthly income** | | | | | | | | | | | | | |
| Below Rs.5000 | - | - | 4 | 33.3 | 4 | 33.3 | 2 | 16.7 | 2 | 26.7 | - | - | 2.8 P>0.05 NS |
| Rs.5001-10000 | - | - | 1 | 8.3 | 4 | 33.3 | 4 | 33.3 | 3 | 25 | - | - | |
| Rs.10001-15000 | - | - | - | - | 1 | 33.3 | 1 | 33.3 | 1 | 33.3 | - | - | |
| Above Rs.15000 | - | - | - | - | - | - | 2 | 66.7 | - | - | 1 | 33.3 | |
| **Religion** | | | | | | | | | | | | | |
| Hindu | - | - | 4 | 23.5 | 4 | 23.5 | 3 | 17.6 | 4 | 23.5 | 1 | 5.9 | 3.6 P>0.05 NS |
| Muslim | - | - | - | - | 1 | 20 | 3 | 37.5 | 1 | 12.5 | - | - | |
| Christian | - | - | 1 | 12.5 | 4 | 50 | 3 | 60 | 1 | 20 | - | - | |
| **Residential area** | | | | | | | | | | | | | |
| Urban | - | - | 3 | 20 | 4 | 26.7 | 5 | 33.3 | 2 | 13.3 | 1 | 67 | 0.17 P>0.05 NS |
| Rural | - | - | 2 | 13.3 | 5 | 33.3 | 4 | 26.7 | 4 | 26.7 | - | - | |
| **Birth order** | | | | | | | | | | | | | |
| 1st Baby | - | - | 2 | 15.4 | 2 | 15.4 | 5 | 38.5 | 3 | 23.1 | 1 | 7.7 | 6.1 P>0.05 NS |
| 2nd Baby | - | - | - | - | 6 | 54.5 | 3 | 27.3 | 2 | 18.2 | - | - | |
| 3rd Baby | - | - | 3 | 50 | 1 | 16.7 | 1 | 16.7 | 1 | 16.7 | - | - | |
| **Previous Hospitalization** | | | | | | | | | | | | | |
| Yes | - | - | 4 | 17.4 | 7 | 30.4 | 6 | 26.1 | 5 | 21.7 | 1 | 4.3 | 0.73 P>0.05 NS |
| No | - | - | 1 | 14.3 | 2 | 28.6 | 3 | 42.9 | 1 | 14.3 | - | - | |
| **Date of admission** | | | | | | | | | | | | | |
| 1-5 days | - | - | 4 | 16 | 7 | 33 | 6 | 29 | 5 | 20 | - | - | 9.5 P>0.05 NS |
| 5-10 days | - | - | 1 | 12 | 1 | 10 | 3 | 20 | 1 | 9 | 1 | 9 | |
| 10-15 days | - | - | - | - | 1 | 10 | - | - | - | - | - | - | |
| Above | - | - | - | - | - | - | - | - | - | - | - | - | |
| **Treatment given** | | | | | | | | | | | | | |
| Oral & IM | - | - | 1 | 16. | 2 | 33. | 1 | 16.7 | 2 | 33. | - | - | 6.1 P>0.05 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IM & IV | - | - | - | 7<br>- | 3 | 3<br>33.3 | 5 | 55.6 | - | 3<br>- | 1 | 11.1 | NS |
| Oral & IV | - | - | 2 | 20 | 2 | 20 | 4 | 40 | 1 | 10 | - | - | |
| All the above | - | - | 2 | 40 | 3 | 60 | - | - | 1 | 10 | - | - | |

Regarding age, among preschool children of 3 years 2 had slight and strong anxiety, 3 had mild and strong anxiety. Among the 4 years of age 1 had slight, mild and moderate anxiety, 4 had moderate anxiety. Among 5 year of age group 2 had slight, moderate and strong anxiety. Preschool children who are in the age group of 6 years, 3 had mild anxiety, 2 had moderate anxiety,1 had strong and out of control. Thus the chi-square value was of 3.64 which shown statistically non-significant with the p value >0.05.

Regarding male children, 2 had slight and strong anxiety, 4 had mild and moderate anxiety, 1 had out of control. Amongfemale preschool children 3 had slight anxiety, 5 had mild and moderate anxiety, 4 had strong anxiety. Thus the chi-square value was 0.245 which show a statistical non-significant with the p value >0.05.

Regarding year of studying preschool children studying in Pre KG, 1 had slight and strong anxiety, 3 had moderate anxiety. Studying in L.K.G 1 had slight, mild, strong anxiety and out of control, 2 had moderate anxiety. Studying in 1$^{st}$Std 3 had mild anxiety,1 had mild and moderate anxiety. Children among the group of not started schooling 3 had slight, moderate, strong anxiety. Thus the chi-square value was 11.4 which show a statistical non-significant with the p value >0.05.

Regarding education of the parents among the illiterate 6 had slight anxiety,1 had moderate and strong anxiety. Education is higher secondary 4 had mild anxiety, 5 had moderate anxiety, 2 had strong anxiety. Education is secondary schooling 3 had mild anxiety.Education is Graduate& above 1 had mild anxiety and out of control,4 had moderate anxiety,2 had strong

anxiety.Thus the chi-square value was 20.02 which shown a statistical non-significant with the p value >0.05.

Regarding occupation of the parents among coolie 6 had slight anxiety, 2 had mild and strong anxiety, 3 had moderate anxiety. Parents occupation is business 4 had mild anxiety,2 had moderate anxiety,1 had strong anxiety. Parents who are working as private 2 had mild anxiety, 1 had moderate anxiety, 3 had strong anxiety. Parents who are working as government 3 had moderate anxiety, 1 had out of control. Thus the chi-square value was 10.23 which show a statistical non-significant with the p value >0.05.

Regarding type of family the preschool children belong to joint family 3 had slight and strong anxiety, 8 had mild anxiety, 2 had moderate anxiety. Preschool children belong to nuclear family 2 had slightanxiety, 1 had mild & strong anxiety, 5 had moderate anxiety, and 1 had out of control. Preschool children belong to extend family 1 had mild and strong anxiety,2 had moderate anxiety. Thus the chi-square value was 5.16 which show a statistical non- significant with P value P>0.05.

Regarding monthly income below Rs.5000 4 had slight & mild anxiety, 2 had moderate & strong anxiety. Preschool children belong to Rs.5001-10000 1 had slight anxiety, 4 had mild & moderate anxiety, 3 had strong anxiety. Preschool children belong to Rs.10001-15000 1 had mild, moderate & strong anxiety. Preschool children belong to above Rs.15,000 2had moderate anxiety, 1 had out of control. Thus the Chi-square value was 2.8 which showa statistical non-significant with the P value was P > 0.05.

Regarding Religion, the Preschool children belong to Hindu 4 had slight, mild & strong anxiety, 3 had moderate anxiety. Preschool children belong to Muslim 1 had mild & strong anxiety, 3 had moderate anxiety. Belong to Christian 1 had slight & strong anxiety, 4 had mild anxiety, 3 had moderate anxiety. Thus the Chi-square value was 3.6 which show statistically non-significant with the value was P>0.05.

Regarding residential area, preschool children are in the urban 3 had slight anxiety, 4 had mild anxiety,5 had moderate anxiety, 2 had strong anxiety, 1 had out of control Preschool children are in the rural 2 had slight anxiety, 5 had mild anxiety, 4 had moderate & strong anxiety. Thus the Chi-square value was 0.17 which shows statistically non-significant with the P value >0.05.

Regarding birth order, 1st baby 2 had slight & mild anxiety, 5 had moderate anxiety, 3 had strong anxiety, 1 had out of control. Belong to 2nd baby 6 had mild anxiety, 3 had moderate anxiety, 2 had strong anxiety, Belong 3rd baby 3 had slight anxiety, 1had mild, moderate & strong anxiety. Thus the Chi-square value was 6.1 which shown statistically non-significant with the P value >0.05.

Regarding previous hospitalization, having experience in the hospital 4 had slight anxiety, 7 had mild anxiety, 6 had moderate anxiety, 5 had strong anxiety, 1 had out of control. Having not experience in the hospital 1 had slights strong anxiety, 2 had mild anxiety, 3 had moderate anxiety. Thus the Chi-square value was 0.73 which shown statistically non-significant with the P value >0.05.

Regarding date of admission, preschool children are admitted within 1-5 days 4 had slight anxiety,7 had mild anxiety,6 had moderate anxiety,5 had strong anxiety. Admitted within 5-10 days 1 had slight,mild,strong anxiety and out of control,3 had moderate anxiety. Admitted within 10-15 days 1 had mild anxiety.Thus the chi-square value was 9.5 which shows statistically non-significant with the p value >0.05.

Regarding treatment given, preschool children are receiving oral Medication& IM injection 1 had slight & moderate anxiety, 2 had mild & strong anxiety. Receiving IM injection & IV injection 3 had mild anxiety, 5 had moderate anxiety, 1 had out of control. Preschool children are receiving oral medication & IV injection 2 had slight & mild anxiety, 4 had moderate anxiety, 1 had strong anxiety. Receiving all medication2 had mild anxiety 3 had

moderate anxiety, 20% strong anxiety. Thus the Chi-square value was 6.1 which shows statistically non-significant with the P value >0.05.

It was inferred that there was no association with their demographic variables like age,sex, year of studying, education of the parents, occupation of parents,type of the family,monthly income of the parents,religion,residential area, birth order, previous hospitalization, treatment given.The stated null hypothesis was accepted. So the selected play activities wereindependently effective in reducing anxiety among hospitalized preschool children.

# CHAPTER – V

# FINDINGS & DISCUSSION

# CHAPTER V

# DISCUSSION AND SUMMARY

The aim of the present study was to evaluate the effectiveness of selected play activities in reducing anxiety among hospitalized preschool children.The study was pre experimental with one group pre-test&post-test design.

Sample size was 30 preschool children were selected by convenience sampling technique.

The effectiveness of selected play activities in reducing anxiety were evaluated with six points anxiety scale.

The responses were analysed through descriptive statistics (mean, frequency, percentage &standard deviation) and inferential statistics (paired t test $x^2$)

## DISCUSSION OF THE FINDING WAS ANALYZED BASED ON THE OBJECTIVE OF THE STUDY

**Objectives**

**1. To assesspre-test level of anxiety among hospitalized preschool children.**

**Findings:1** Based on the above objective of the study, among the based on the anxiety 16.6% of preschool children suffered slight fear,30% of preschool children suffered mild fear,30% of preschool children suffered moderate fear,20% of preschool children suffered strong fear,3.3% of preschool children having out of control

**2. To determine the effectiveness of selected play activities in reducing anxiety among hospitalized preschool children.**

**Findings:2**There was a significant differences(pre-test mean 5.03 & standard deviation 2.3, post-test mean 2.13 & standard deviation 1.9 )selected play activities in reducing anxiety among

hospitalized preschool children.so the selected play activities was independently effective among hospitalized preschool children.

**DISCUSSION:**

The above the finding was supported by Xavier (2005) conducted study on play activities in reducing anxiety among hospitalized preschool children at Bangalore. Data was collected using hospital observed check list.For the experimental group mean and standard deviation was 53.4 and 1.73 respectively.The obtained 't' value was 49.04 at 0.05 level.For the control group mean and standard deviation were 53.1and 0.096 respectively.The obtained 't' value 0.724 at 0.05 level. The findings showed that children were anxious in the pre-test and were as in the post test showed that children were not anxious. The mean post-test was significantly higher than the mean pre-test score ($t=p<0.001$).There was significant association between findings & demographic variables. The study concluded that children were anxious in the pre-test where as post-test anxiety was reduced, which indicated that play therapy was effective.

**3. To find out the association between the level of anxiety among hospitalized preschool children with their selected demographic variables.**

**Findings:3**There was no significant association with their demographic variables,age 3.64,sex 0.245,year of studying 11.4,education of parents20.02,occupation of parents 10.23,type of family 5.16,monthly income 2.8,religion 3.6,residential area0.166,birth order 6.1,previous hospitalization 0.726,treatment given 6.1.

**SUMMARY**

The present study was a pre experimental study to evaluate the effectiveness of selected play activities in reducing anxiety among hospitalized preschool children in selected hospitals at Erode District.

**IMPLICATION**

Nursing implication of the study could be discussed under nursing service, nursing education, nursing research and nursing administration.

**NURSING PRACTICE**

- Nurses play a critical role in help in the child and family to cope effectively with hospitalization through play activities.

**NURSING EDUCATION**

- To provide play activities to the children nurse should have adequate knowledge regarding play activities. Nursing education programs should incorporate this factor in the nursing curriculum.

**NURSING ADMINISTRATION**

- Nurse administrators are the backbone for providing facilities to re provide. Play activities to reduce anxiety among hospitalized children. There should be a provision for nurses to devote time for giving play activities to reduce anxiety in the hospitalized children.

**NURSING RESEARCH**

- Nurses being the largest groups in the health care delivery system and being more close to patients, should take initiative to conduct further research regarding Play activities and provide correct

**LIMITATIONS**

1) The study was limited to hospitalized preschool children.

2) The study had no control group to prove the effectiveness of selected play activities in reducing anxiety level.

**RECOMMENDATION**

1) A similar study can be replicated on a large sample for more reliability and effectiveness.

2) A true experimental study with experimental and control group can be conducted.

3) Similar study can be conducted with modified tool on anxiety level.

**CONCLUSION**

Selected play activities was effective in reducing anxiety level. Therefore selected play activities should be used as supportive therapy for anxiety.

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# ANBU COLLEGE OF NURSING

(G.O. Ms.No.220, Health & Family Welfare (PME) Dept. / 13.06.2007)

MGR Nagar, Pallipalayam Road,
KOMARAPALAYAM - 638 183.
Namakkal Dt., Tamilnadu, India.

✆ : 98427 17575, 04288 - 263181
Fax : 04288 - 263183
Website : www.anbu.ac.in ; E-mail : info@anbu.ac.in

**Prof. M. Latha, M.Sc.(N), MBA.,**
**Principal.**


**04.03.15**

**To**
**The Managing Director**
**Erode Medical Center**
**Erode.**

**Respected Sir / Madam,**

Sub: Letter seeking permission for conducting the study – Regarding.

***

**Lavanya Amirtha. P.,** is a **II Year M.Sc. (Nursing)** student of our college is planning to conduct a study **to "Assess the effectiveness of selected play activities to reduced anxiety among hospitalized pre school children ( 3 to 6 years) in Erode ".**

This study is undertaken as part of her research project to be submitted to The Tamil Nadu Dr. M G R Medical University at Chennai, in partial fulfillment of university requirement for the award of M.Sc.(Nursing) Degree. It is felt that your hospital would be more suitable for her study. I request you to kindly grant permission to conduct the study at your esteemed hospital. I humbly request you to do the needful towards the same. She will promise to oblige to the conditions and terms as per the hospital policies.

Thanking you,

Yours sincerely,

PRINCIPAL
ANBU COLLEGE OF NURSING
MGR NAGAR PALLIPALAYAM ROAD
KOMARAPALAYAM 638 183
NAMAKKAL DISTRICT

Permitted

Dr.UMAMAHESWARI,MD.,DGO
Reg.No :55811
ERODE MEDICAL CENTRE
Perundurai Road,
Erode -638 011.

**Annexure – 2**

**Letter seeking expert's opinion and suggestion for the content**

**Validity of the tool used for the study.**

Form,

**Reg No: 301317851,** II nd Year
M.Sc Nursing, Anbu college of nursing, M G R Nagar,
Komarapalayam.

To

_____

_____

**Forwarded through**

**Mrs.Latha,**

Principal,Anbu College of nursing,
M G R Nagar, Komarapalayam.

**Sub: Expert opinion for content validation of research tool.**
**Respected Sir/Madam,**

I,**Reg No: 301317851,** a post graduate student of Anbu College of nursing, anticipate Your valuable self; if you would accept to validate my research tool on the topic "**A study to Assess the effectiveness of selected play activities in reducing anxiety among hospitalized Preschool children in selected hospital at Erode district."**

It would be highly appreciable if you would kindly affirm your acceptance to endorse your Valuable suggestions on this topic. I had attached the details of the study along with theResearch tool.

**Thanking you**

**Date:** **Yours faithfully.**

**Palce: Komarapalayam** **Reg No: 301317851**

**Annexure – 3**

**CONTENT VALIDITY CERTIFICATE**

I hereby certify that I have validated the tool of **Reg No: 301317851,** II nd Year M.Sc Nursing student who is undertaking, "**A study to assess the effectiveness of selected play activities inReducing anxiety among hospitalized preschool children in selected hospital at ErodeDistrict".**

Place: Signature and seal of the Expert.

Date: Name and Designation.

**Annexure – 4**

**List of experts for content validity**

**1.Dr. M. Ramesh, M.D,**
Paediatrician,
Erode Medical Centre,
Erode.

**2.Mrs V. Renuka M.Sc Nursing,**
Associate professor,
Nanda college of nursing.
Erode.

**3.Mrs.Kowsalya M.Sc Nursing,**
Associate professor,
J.K.K.M college of nursing,
Komarapalayam.

**4.Mrs. P. Ramya M.Sc Nursing,**
Associate professor,
C.S.I College of nursing,
Mysore.

**5.Mrs. S. Indira M.Sc Nursing,**
Reader,
Anbu College of nursing,
Komarapalayam.

**Annexure – 5**

**PART-A**

**Structured interview schedule**

Part-I consists of questions regarding demographic variables wherefore the researcher Has to ask questions and put a tick mark in the space provided.

1. Age
   - 3 ( )
   - 4 ( )
   - 5 ( )
   - 6 ( )

2. Sex of the baby
   - Male ( )
   - Female ( )

3. Year of studying
   - Pre K.G ( )
   - L.K.G ( )
   - I STD ( )
   - None ( )

4. Education of the parents
   - Illiterate ( )
   - Secondary ( )
   - Higher secondary ( )
   - Graduate and above ( )

5. Occupation of the parents
   - Coolie ( )
   - Business ( )
   - Private ( )
   - Government ( )

6. Type of the family
   - Joint family ( )
   - Nuclear family ( )
   - Extended family ( )

7. Monthly income of family

- Rs< 5000 ( )
- Rs 5,001-10,000 ( )
- Rs 10,001-15,000 ( )
- Rs> 15,000 ( )

8. Religion

- Hindu ( )
- Muslim ( )
- Christian ( )

9. Residential area

- Rural ( )
- Urban ( )

10.Birth Order

- I$^{st}$ Baby ( )
- II$^{nd}$ Baby ( )
- III$^{rd}$Baby ( )

11. Previous Hospitalization

- Yes ( )
- No ( )

12. Date of admission and days of Hospitalization

- 1 to 5 days ( )
- 5 to 10 days ( )
- 10 to 15 days ( )
- More than 15 days ( )

13. Treatment Given

- Oral & IM ( )
- IM & IV ( )
- Oral & IV ( )
- All the above ( )

**Knowledge Questionnaire regarding Play activities:**

*14.* Which type of play your son/daughter engage?
- *a.* Unoccupied play
- *b.* Solitary play
- ***c.*** **Parallel play**
- *d.* Co – operative play

*15.* Where did you take your child most for play?
- *a.* Local Park
- *b.* Street around local area
- *c.* Own home
- *d.* Friends home

*16.* Which type of play will relieve stress of your child?
- *a.* Outdoor game
- *b.* Indoor game
- ***c.*** **Both a & b**
- *d.* Don't know

*17.* Which type of play encourages your child?
- *a.* Clay
- *b.* Painting
- *c.* Building Blocks
- ***d.*** **All the above**

*18.* How long your child play per day?
- ***a.*** **30 mts**
- *b.* 20 mts
- *c.* 10 mts
- *d.* More than 1 hour.

# PART B

**Anxiety check list for preschool children in hospital**

The second part consists of questions related to the assessment variables related to variables. Wherefore the researcher is to ask the question and put a ( ) mark in the appropriate space. YES, NO.

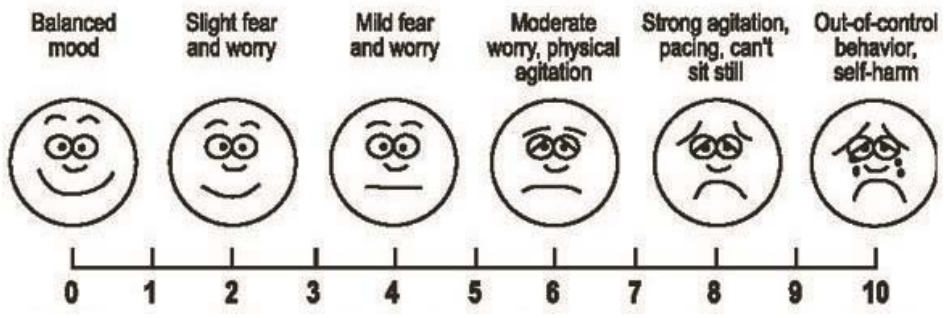
| S.NO | QUESTIONS | YES | NO |
|---|---|---|---|
| 19 | Does your child show co-operation with the hospital environment? | | |
| 20 | Does your child interact with the hospital staff? | | |
| 21 | Does your child show any tension or anxiety? | | |

| | | | |
|---|---|---|---|
| 22 | Does your child smile after play activity? | | |
| 23 | Does your child happy when playing in group? | | |
| 24 | Does your child have friends in the hospital? | | |
| 25 | Does your child keep other player happy? | | |
| 26 | Does your child share her/his toys with others? | | |
| 27 | Does your child prefer sleeping then playing? | | |
| 28 | Does your child sleep well after playing that day? | | |
| 29 | Does your child eat his/her food without fus after playing? | | |
| 30 | Does your child talk about play activity to you? | | |
| 31 | Does your child tell about his/her play mates to you? | | |
| 32 | Does your child encourage other child to play with her/his? | | |
| 33 | Does your child express happiness about playing? | | |
| 34 | Does your child shows difference in playing other sex? | | |
| 35 | Does your child express boredom in words? | | |
| 36 | Does your child prone to sudden outburst of shouting and complaining? | | |
| 37 | Does the child involve others in play? | | |
| 38 | Does the child get tried during play? | | |
| 39 | Does the child loose interest in something he or she previously enjoyed? | | |
| 40 | Does the child eat well after play time? | | |
| 41 | Does the child show satisfaction after play time? | | |
| 42 | Does the child handle the play material carefully? | | |
| 43 | Does the child replace the toys carefully? | | |

# PART - C

**Observation schedule**

**44. ANXIETY ASSESSMENT SCALE**



With the anxiety scale, six faces are used that are numbered 0 – 10 underneath

Face 0 is a happy face ( )

Face 1 is still smiling ( )

Face 2 is not smiling or frowning ( )

Face 3 is starting to frown ( )

Face 4 definitely frowning ( )

Face 5 is crying although you don't have to cry to choose this face. ( )

**gFjp– அ**

**egiug; gw;wpajfty;fs; fPo;f;fz;ltw;wpy; cs;sNfs;tpfspy; cq;fs; tptuq;fis ( ) ,e;jFwpaPl;by; Fwpf;fTk;.**

1. **taJ** **( )**

   m. 3 taJ ( )

   M. 4 taJ ( )

   ,. 5 taJ ( )

   <. 6 taJ ( )

2. **ghypdk;**

   m. Mz; ( )

   M. ngz; ( )

3. **gbf;Fk; tFg;G**

m. Pre K.G ( )

   M. L.K.G. ( )

   ,. Kjy; tFg;G ( )

   <. Xd;Wkpy;iy ( )

4. **ngw;Nwhhpd; fy;tpj;jFjp**

   m. gbg;gwpT ,y;iy ( )

   M. gj;jhk; tFg;G ( )

   ,. gd;dpuz;lhk; tFg;G ( )

   <. gl;lg;gbg;G ( )

5. **ngw;Nwhhpd; njhopy;**

   m. $yp ( )

   M. Ranjhopy; ( )

   ,. jdpahh; Ntiy ( )

   <. muRNtiy ( )

**6. Fbj;jdk;**

m. $l;Lf;FLk;gk; ( )

M. jdpf;FLk;gk; ( )

,. nghpaFLk;gk; ( )

**7.** khjtUkhdk;

m. &.5000f;FfPo; ( )

M. &.5001 – 10000 ( )

,. &.10001 – 15000 ( )

<. &.15000 Nky; ( )

**8. kjk;**

m. ,e;J ( )

M. K];yPk; ( )

,. fpwp];Jtk; ( )

**9. ,Ug;gplk;**

m. fpuhkg;Gwk; ( )

M. efh;Gwk; ( )

**10. gpwg;G thpir**

m. Kjy; Foe;ij ( )

M. ,uz;lhk; Foe;ij ( )

,. %d;whk; Foe;ij ( )

**11. ,jw;F Kd;dh; kUj;Jtkidapy; mDkjpf;fg;gl;ltuh?**

m. Mk; ( )

M. ,y;iy ( )

**12. kUj;Jtkidapy; mDkjpj;j ehl;fs; ?**

m. 1 Kjy; 5 ehl;fs; tiu ( )

M. 5 Kjy; 10 ehl;fs; tiu ( )

,. 10 Kjy; 15 ehl;fs;tiu ( )

<. 15 ehl;fSf;FNky; ( )

**13. rpfpr;ir nfhLf;fg;gl;l Kiw**

m. tha;top&jirCrp ( )

M. jirCrp&euk;GCrp ( )

,. tha;top&euk;GCrp ( )

<. ,itaidj;Jk; ( )

**tpisahl;ilgw;wpatpdhf;fs;**

**14. ve;jtifahdtpisahl;ilcq;fs; Foe;ijtpisahLfpwJ?**

m. tpisahl;LnghUs; ,y;yhky; jdpahftpisahLjy; ( )

M. jdpahftpisahLjy; ( )

,. **tpisahl;LnghUl;fSld; tpisahLjy**; ( )

<. kw;wFoe;ijfSld; Nrh;e;JtpisahLjy; ( )

**15. vq;Fcq;fs; Foe;ijiamjpfkhftpisahLfpwJ?**

m. G+q;fh ( )

M. njU ( )

,. tPl;Lf;Fs; ( )

<. ez;gh;fs; tPL ( )

**16. ve;jtifahd tpisahl;L cq;fs; Foe;ijapd; kdmOj;jj;ij Fiwf;Fk;?**

m. ntspg;Gwtpisahl;L ( )

M. cl;Gwtpisahl;L ( )

,. **,uz;Lk;** **( )**

<. njhpahJ ( )

**17. ve;jtifahd tpisahl;L cq;fs; Foe;ijia Cf;Ftpf;fpwJ?**

m. fspkz; ( )

M. tz;zk; jPl;Ljy; ( )

,. tPLfl;Ljy; ( )

**<. ,itaidj;Jk;** **( )**

**18. vt;tsT Neuk; cq;fs; Foe;ij tpisahLfpwJ?**

**m. 30 epkplk;** **( )**

M. 20 epkplk; ( )

,. 10 epkplk; ( )

<. 1 kzpNeuj;jpw;FNky; ( )

## gFjp – ஆ

### kUj;Jtkid #oypy; Foe;ijfSf;FVw;gLk; gak; fye;j eltbf;iffis fz;fhzpf;Fk; gbtk;

| t.vz; | Nfs;tp | Mk; | y;iy |
|---|---|---|---|
| 19. | kUj;Jtkid #oypy; cq;fs; Foe;ijxj;Jiof;fpwjh? | | |
| 20. | kUj;JtkidCopah;fSld; cq;fs; Foe;ijgoFfpwjh? | | |
| 21. | cq;fs; Foe;ijNfhgj;ijntspg;gLj;Jfpwjh? | | |
| 22. | cq;fs; Foe;ijtpisahl;bw;FgpwFrphpf;fpwjh? | | |
| 23. | cq;fs; Foe;ijkw;wth;fSld; tpisahLk; NghJre;Njh\khf ,Uf;fpwjh? | | |
| 24. | cq;fs; Foe;ijf;FkUj;Jtkidapy; ez;gh;fs; ,Uf;fpwhh;fsh? | | |
| 25. | cq;fs; Foe;ijkw;wth;fisre;Njh\g;gLj;Jfpwjh? | | |
| 26. | cq;fs; Foe;ijtpisahl;LnghUl;fiskw;wth;fSld; gfph;e;Jnfhs;fpwjh? | | |
| 27. | cq;fs; Foe;ijtpisahbaclNd J}f;fj;ijtpUk;gpfpwhh;fsh? | | |
| 28. | cq;fs; Foe;ijtpisahbagpwFed;F J}q;fpfpwhh;fsh? | | |
| 29. | cq;fs; Foe;ijed;WtpisahbagpwFmlk; gpbf;fhky; rhg;gpLfpwhh;fsh? | | |
| 30. | cq;fs; Foe;ijtpisahLk; tpjj;ijcq;fsplk; gfph;e;Jnfhs;fpwhh;fsh? | | |
| 31. | cq;fs; Foe;ijjd;Dld; tpisahLk; ez;gh;fisg; gw;wpgfph;e;Jnfh;sSfpwh;fsh? | | |
| 32. | cq;fs; Foe;ijjd;Dld; kw;wFoe;ijfistpisahLtjw;FCf;fg;gLj;Jfpwhh;fsh? | | |
| 33. | cq;fSilaFoe;ijtpisahl;Lfisre;Njh\khfntspg;gLj;Jfpwhh;fsh? | | |
| 34. | cq;fs; Foe;ijkw;wghypdUld; tpisahLtijNtWgLj;jpfhl;Lfpwhh;fsh? | | |
| 35. | cq;fs; Foe;ijtpisahl;bdhy; Vw;gLk; mOg;igthh;j;ijapdhy; ntspg;gLj;Jfpwhh;fsh? | | |
| 36. | cq;fs; Foe;ijjpBh; vdjd;DilaFiwfisrj;jkhfntspg;gLj;Jfpwhh;fsh? | | |
| 37. | cq;fs; Foe;ijjd;Dld; kw;wFoe;ijfs; tpisahLtijtpUk;Gfpwhh;fsh? | | |
| 38. | cq;fs; Foe;ijtpisahl;bd; eLtpy; Nrhh;e;JNghfpwhh;fsh? | | |
| 39. | cq;fs; Foe;ijKd;GMh;tkhftpUk;gptpisahbatpisahl;by; jw;NghJMh;tk; Fiwe;Js;sjh? | | |
| 40. | cq;fs; Foe;ijtpisahbagpwFed;whfrhg;gpLfpwhh;fsh? | | |
| 41. | cq;fs; Foe;ijtpisahl;bw;FgpwFepk;kjpAld; ,Uf;fpwhh;fsh? | | |
| 42. | cq;fs; Foe;ijtpisahl;LnghUl;fisgj;jpukhfitj;Jf; nfhs;fpwhh;fsh? | | |
| 43. | cq;fs; Foe;ijtpisahl;LnghUl;fisvLj;j ,lj;jpNyitf;fpwhh;fsh? | | |

## PLAY ACTIVITIES

## INTRODUCTION

The purpose of engaging in a role play is to develop a better understanding of the concerns and interests of farm and nonfarm residents in a community in order to enhance the quality of life for everyone. Both farm and nonfarm residents must understand that all of their interactions cast **a shadow over the future**. In other words, these are neighbours who share a common place and a common future. Social relations between farm and nonfarm neighbours at one point influence social relations at a future time. Since it is unlikely that either the farm or the nonfarm family will move, it is in the best interest of all parties to arrive at an understanding of their concerns and interests so that they can share the same space in relative harmony.

## Types of Play Activities

- Doll's house
- Paint materials
- Colour picture book
- Building blocks
- Modelling clay
- Cooking materials
- Try cycle

# PLAY USED FOR THE STUDY:

*a)* Building blocks it is a small wooden or plastic cube used as building toys. It is very colourful and impressive one for pre-schooler.

b). Painting is a decorate, adorn, or variegate by applying lines & colours.

*b)* Clay
Is a very fine- grained soil that is plastic when moist but hard when fired? It is very colourful and impressive one for pre-schooler.

*c)* Cooking sets

Cooking sets provide everything to kids need to take their culinary creations from the stove top to the table. It is perfect for multiple child play.